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PHYSIOLOGY.

LECTURES

ON THE

PHYSICAL CONDITIONS

OF THE

TISSUES OF THE HUMAN BODY

AS APPLIED TO THE EXPLANATION OF

VITAL PHENOMENA.

Delivered at the College of France in 1834,

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LECTURE V.

Dutrochet's Theory of Endosmose and Exosmose.—The Question of its Application to Physiology and Pathology considered.—Experiment opposed to the Endosmose Principle.—Permeability of Tissues by Vapours.—Resumé.—Imbibition of Vapours by the Skin, from Without and from Within.

LET us to-day, Gentlemen, return to the consideration of the phenomena of double imbibition, or endosmose and exosmose. At first I was inclined to think they might be of great utility, but upon further study I do not see how they can be applied to medicine or physiology. According to the explanation of M. DUTROCHET, they do not consist in a simple phenomenon, in the passage of one fluid only through the membrane. There is, according to him, a double current, a double passage of fluid through the tissue, and in this respect they would differ essentially from imbibition; for example, here are two glasses containing water and a solution of gum, the one containing the gum-water is closed with a portion of bladder; according to the theory of M. DUTROCHET, a double current is established through the bladder; the gum-water passes out into the endosmometer and the water enters; but I would have you remark, that one phenomenon is very insignificant indeed: the quantity of solution of gum passing out is excessively small. Here, again, is the result of an experiment which I made yesterday: you see here two glasses; in this one I placed some sulphuric acid, the other some tincture of turnsole. The result does not by any means agree with DUTROCHET'S theory. Some of the acid has been imbibed and passed into the glass which contains the tincture of turnsole Now this is strange, for DUTROCHET says, that sulphuric acid does not exhibit the phenomenon of endosmose, and he calls it, queerly enough, "the enemy of endosmose and exosmose." But no double current has been established, the turnsole has not passed out, and the sulphuric acid, as you see, remains perfectly colourless in this glass. Indeed if you examine the several experiments adduced by DUTROCHET in support of his theory, you will not find that they establish beyond doubt the existence of this double current. Let us consider one more experiment. Here is a glass containing some coloured gum-water; I have closed it with a portion of skin (the external surface, I think, is out), and placed it in an endosmometer containing water. Now we ought to have the gum-water passing out, and the simple fluid entering; but since yesterday, that is within twenty-four hours, there is no trace of gum in the open vessel. The same experiment has been repeated here, but I have reversed the skin and placed the epidermis inside; and, as you see, there is no symptom of an interchange of fluids; the water remains colourless, because none of the gum-solution has passed out. Hence I am inclined to doubt the justness of DUTROCHET'S theory, and would refer the phenomena of endosmose and exosmose to imbibition, rather than to any peculiar action between the fluids.

You may see here another experiment on the subject; this is the gall-bladder of a rabbit, which contains an excessively bitter fluid; the least drop of it is sufficient to give the characteristic flavour to a large quantity of water; I have placed it in a basin of water, without observing

any result; there has been no double current established; the bladder is not more distended than it should be, and we do not find any trace of bile in the external fluid; there is no bitterness perceptible to the taste.

I have already told you how DUTROCHET placed a liquid in an endosmometer, and found that its passage was arrested by the presence of sulphuric acid, the fluid remaining stationary in the glass tube; hence he named sulphuric acid "the enemy of endosmose;" but this property is also possessed by sulphuretted hydrogen, which equally opposed the passage of any substance through a membranous tissue. We are unacquainted with the reason of this phenomenon, but the fact is certain. DUTROCHET placed some fecal matter in circumstances favourable to the development of endosmose and exosmose, and found that no effect was produced, probably from the presence of sulphuretted hydrogen in the excrement.

As to the application of endosmose and exosmose to physiology, I must again repeat, that in the present state of the science I do not find how it can be done usefully. Perhaps at some future time the phenomena may throw some light on several actions which we cannot explain in the animal economy, but at present I do not see how this may take place.

By-the-by, Gentlemen, my notice has just been drawn by the assistant to this frog's skin, which I had otherwise forgotten. A few days age, in lecturing on the skin, I told you that the frog was not furnished with an epidermis, and expressed a wish to try what effect this membrane might have in respect to endosmose and exosmose. I made two experiments with this object, and you may see the results here: in the first the glass containing gum-water was closed with a frog's skin, having the external surface outside; the fluid in the tube descended, and the gum-water passed out through the membrane; here then we have a phenomenon which should not have taken place according to the laws of exosmose, for the fluid should have ascended instead of passing out. The inverse experiment has been tried here; this glass was closed with a portion of the same skin, but the external surface was turned inwards, and the ordinary laws of endosmose have operated in this case.

Neither, Gentlemen, I confess to you, do I see the application of endosmose &c. to pathology. We have occasion every day to observe cysts of various descriptions plunged in serum contained in the cavity of the abdomen, but we do not see any traces or symptoms of endosmose or exosmose.

All the facts which have been stated to you regarding the physical and physiological phenomena of imbibition repose on one grand basis, the porosity of our tissues, a property which gives rise to another phenomenon, which we now proceed to examine:—All animal tissues which imbibe either liquid or solid substances are also possessed of the property of being permeable to vapours; this is a capital and most important fact, for man is perpetually placed in circumstances where he is exposed to the constant action of various gases and vapours; the air by which he is surrounded, which has so great an influence on his health and well-being, is a gas. The different objects with which he is placed in contact exhale various vapours, many of them of a deleterious character, and sometimes exercising a fatal influence on those exposed to their action. Hence it becomes important to ascertain in what degree the tissues of the living body are permeable to vapours, and whether the same laws which govern the introduction of liquid and solid substances into the economy, are applicable to the transmission of gaseous bodies.

Let us commence, as we have been always in the habit of doing, by making some experiments. Here is a glass bottle in which we had placed some ether, covering it down tightly with a bladder. The greater part of the ether has passed away, as you see, in the form of vapour, and very little remains in the bottom of the flask. The membrane itself is swollen by the ether *in transitu*, and thrown up in the form of an arch upon the top of the bottle. The vapour has here, beyond all doubt, passed through the membrane; indeed you must be conscious of the fact, by the peculiar odour in the room. We have many other proofs of the permeability of dead tissues to vapours, which it is unnecessary to repeat; let us rather examine if the same phenomenon be exhibited in the living body. For this purpose we will force an animal to respire the strong prussic acid of Gay Lussac, which is prepared by concentrating the fluid by means of cold; and here let me remark, that you should be very cautious whenever you experiment with this acid. It is a most powerful poison, and requires much management in its use; indeed, more than one physician has been poisoned for want of proper precaution. In order to preserve it when once made, you should stop the bottle well, remove it from the action of light, and place it in an ice-cold temperature.

I shall now pass the nose of this rabbit

slowly over the bottle, and if his respiration happen to correspond with the moment of passage, you will have the effects of the poison rapidly developed. (*This was done without any effect.*) The acid is, perhaps, as yet too cold, and the vapour does not, consequently, rise in sufficient quantity; but we do not want rapidity of effect. (*The animal was passed a second time over the bottle, and instantly killed.*) This experiment, Gentlemen, shows that the vapour has passed through the membrane of the lungs, and the effect of the poison has been produced as rapidly in the present instance, as if it had been applied in the form of liquid to the animal's tongue or stomach.

In this other bottle we have some of the vapour of chlorine, a substance which possesses the property of arresting the poisonous effects of prussic acid, unless the latter has been administered in a dose sufficiently strong to kill the animal on the spot. We shall now try the efficacy of the antidote. This is a much larger and stronger rabbit than the one last experimented on. I pass his nose, as you see, once over the vapour of prussic acid; the characteristic effects are now produced; the animal's respiration has become excessively rapid, and the muscular power has been annihilated. As he is not quite dead, we will try the chlorine. (*The animal's mouth was held, for some seconds, over a bottle, containing the vapour of chlorine, but without any effect.*) In the present instance the poison has acted so rapidly, that the chlorine has not had time to develop its effects; it has been applied too late.

Here, Gentlemen, is a physical phenomenon, in itself very simple, but of the greatest importance to the physiologist and the physician. Vapours are frequently employed as a remedy in the practice of medicine; thus, in latter times, iodine and chlorine have been much vaunted in cases of certain pulmonary affections. The vapours of several substances act as energetic poisons. I need not dwell on this point, for we have, unfortunately, examples every day before our eyes. The vapour produced by burning charcoal is constantly employed as a means of suicide, and you know how frequently workmen are destroyed by the deleterious vapours which collect in confined places, such as wells, &c. It is, therefore, I repeat, a matter of importance to know that the membranous tissues of the human body are permeable to vapours, which are introduced into the economy, and there produce either good or bad effects, according to their respective natures.

This phenomenon is not confined to the lungs, although, for reasons which have been already explained, it takes place more readily in that part of the body than elsewhere; all the other membranes are permeable to vapours in a greater or lesser degree, but we do not well know whether the epidermis has the same modifying influence on the permeability of the skin to vapours, that it has on the imbibition of liquid and solid substances. This is a question entirely new, and which could not be solved before making certain experiments on the subject. Having made it my business to investigate the properties of the epidermis in this respect, I shall presently lay the results before you.

Let us now look back at what we have lately learned, before going to other subjects. We have examined the physical conditions of the human body in regard to vapours, and have found that the same effects are produced by a body in the state of vapour as if it had been applied in the shape of a solid. The condition, therefore, of the substance applied, has little influence in its effect. From the fact then adduced, we are entitled to add another important property to those already attributed to membranous tissues, viz., that they are traversed in a rapid manner by vapours. You have witnessed several experiments which demonstrate the truth of this proposition. An animal was compelled to respire the vapour of prussic or hydrocyanic acid, and the effect produced was rapid and energetic. The vapour of the poisonous fluid traversed the pulmonary membrane, and exhibited its usual fatal effects in a few seconds. The same would have happened in the human body, were it exposed in a similar manner, for this poison acts equally on man and on animals. There is no difference to be observed, and you may safely conclude, as to its operation on the human subject, from what you observe to occur in other warm-blooded animals; indeed, its poisonous influence is even felt by the vegetable kingdom, and plants are destroyed by the contact of this noxious vapour.

Here then is a general fact, the application of which we shall presently see. All vapours may be received into the circulation through the medium of the lungs. We have numerous familiar examples of this fact: when you pass through a chamber lately painted, and, consequently, containing the vapour of turpentine, you find the odour of the substance shortly after in your urine; this is a phenomenon analogous to the former. You have respired the vapour of turpentine, which has passed into the circulation through the

pulmonary membrane, and has exhibited its effects on the economy in the same manner, and perhaps even more rapidly than if the substance had been taken into the stomach and there absorbed. The effect in this instance is explained by the same physical conditions as in a case of poisoning by prussic acid, &c.

We shall now pass to the consideration of another question, and endeavour to determine whether the other membranous tissues and surfaces are permeable to vapours. The property is clearly possessed by the lungs; does it also belong to the skin and other analogous tissues? The latter question is not so easily resolved, but let us commence by making a few experiments.

You will find several facts contained in works on medicine and surgery, from which you will be led to conclude that the skin absorbs vapours in a rapid manner. The exhalations given off by animal or vegetable substances in a state of decomposition, are nothing but vapours, and you all know how energetically these miasmata sometimes act on the human body. This fact was particularly noticed by Bichat, and he endeavoured to ascertain whether the absorption of the miasma took place through the medium of the lungs or skin; for this purpose he remained a considerable time in a dissecting amphitheatre, where the smell was excessively offensive, taking care to keep his head and face exposed to the air through an open window, in order to avoid respiring any of the miasm contained in the chamber.

But this experiment, to prove anything, requires the observance of certain precautions, which we do not know to have been observed by Bichat. For instance, he does not know how he entered the chamber, or whether he avoided respiring in traversing the space between the door and the window. This was a circumstance which it was absolutely necessary to take into account, because a single inspiration of the miasma may have been sufficient to introduce the deleterious matter into the economy, and explain its effects on the system without our having recourse to the idea of cutaneous absorption. The experiment of Bichat is, therefore, unsatisfactory, and does not justify the conclusions which he has drawn from it.

Gentlemen, I shall now show you the result of some experiments which I have made on the properties of the epidermis as regards the imbibition of vapours. I do not mean to affirm that they will resolve the question, for it is one entirely new, and which requires investigation, but they are sufficient to illustrate the leading facts connected with the permeability of membranes to bodies in a state of vapour.

Here is a glass vessel in which I have put some ether, and closed the mouth as tightly as possible with a portion of skin; the internal surface of the integument is towards the atmosphere, and the epidermis regards the cavity of the bottle. I have now left it, perhaps for half an hour or forty minutes, and until the last two or three minutes there has been no evidence of the escape of the vapour. You as yet scarcely notice the characteristic smell of ether in the amphitheatre, and the epidermis has, consequently, resisted the passage of the vapour during that period of time. This, Gentlemen, is an interesting experiment, for it shows that the epidermis does not act with respect to vapours like other animal membranes. During the first part of the lecture, you saw how a portion of bladder was rapidly traversed by the ether. Here, on the contrary, the skin refuses to transmit the vapour from the external to the internal surface, and we may hence conclude that the simple contact of deleterious vapours, miasmata, &c., with the cutaneous membrane, is not dangerous, because, in all probability, the living skin will exhibit the same phenomenon of impermeability.

Let us now, Gentlemen, endeavour to see whether the skin be more permeable to vapours, from its internal to its external surface; I have closed this glass bottle, containing ether, with another portion of skin, the epidermis being external, and observe what has taken place; the skin is now swollen and excessively tense, because the ether commences to traverse it, but for seventy minutes there was no smell of ether in the room. This, Gentlemen, is a new fact; the skin is much less permeable to vapours from the internal to the external surface, than *vice versa*. In the present experiment, the time required for the passage of the ether was seventy minutes; while in the former, where the epidermis was placed internally, the skin was traversed by the vapour in half that time. I have also made an experiment on the living body; my assistant placed his hand for twenty minutes in this oiled-silk bag containing the vapour of ether; and if any of the substance had entered the economy, its effects would be soon perceptible in the production of its peculiar flavour in the throat and mouth, as is experienced when an individual respires ether; but no such effect was produced; the living skin is not therefore permeable to vapours—at least they do not enter rapidly through

this medium, for we are not entitled rigorously to conclude anything more from the latter experiment; perhaps, if the hand had been kept longer in contact with the ether, for an hour or so, the vapour might have been absorbed.

I shall now make another experiment of a similar kind before you. This rabbit has been enclosed, as you see, in a large glass, the head remains outside, and the upper part of the glass, surrounding the animal's neck, has been tightly closed by oiled silk; we have also placed a small bag of oiled silk on his head, and attached to it this glass tube, through which he respires. I now proceed to put some vapour of ether into the larger glass, and if it be absorbed, we shall soon find the peculiar odour in the air issuing from the glass tube; as it is the first time of making the experiment, it may in all probability fail, for trials of this kind, like experiments in chemistry, require a certain dexterity in habitude; let us therefore change the substance, and introduce the vapour of prussic acid. I cannot say what the result may be, but it will at all events be interesting to see the effect of the poison applied in this manner. The vapour of concentrated prussic acid has now been introduced into the larger bottle containing the animal, and its effects are manifested almost as rapidly as if the poison had been placed on the rabbit's skin or tongue; he has died within two minutes and a half. This is one way in which we may prove the permeability of the skin to vapours, but it will be necessary to repeat the present experiment with more caution, for I am inclined to suspect, from the rapid manner in which the hydrocyanic acid has just acted, that a portion of the vapour must have escaped from the bottle, and been introduced by the lungs.

It results, Gentlemen, from the facts I have stated to you, and from the experiments which you have seen, that the pulmonary tissue is very permeable to vapours, and that the cutaneous membrane is also permeable, but in a lesser degree; it would appear that half an hour at least is necessary for the transmission of a vapour through the skin. This is a fact of the highest importance, not only in the practice of medicine, but in the investigation of certain questions intimately connected with the welfare and happiness of society. There are many circumstances in which the lungs, or the cutaneous covering of the human body, are unavoidably placed in contact with deleterious substances in the form of vapour. This subject shall occupy our attention at the next lecture.

CLINICAL OBSERVATIONS

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

ON THE TREATMENT OF STAPHYLOMA.

The processes which nature employs for the cure of some diseases afford an unerring guide to the surgeon, pointing out to him *principles* of treatment which he ought to imitate. Spontaneous hemorrhages, profuse perspirations, the bursting of abscesses, and the consolidation of an aneurysmal sac, are all examples of efforts which the system itself is capable of making for the cure of disease. In like manner, when the urine cannot be evacuated from an obstruction in the urethra, nature, in order to preserve life, establishes a fistulous opening between the obstructed point and the bladder, to allow the expulsion of the urine; and when the nasal duct becomes obliterated, she causes the lachrymal sac to suppurate and burst, so that a channel may be formed by which the superabundant tears which would impair the sight can flow over the cheek. With the same consummate design does nature relieve a staphyloma, and having observed the process which she employs for this purpose, I was led to adopt the principle of treatment which I am now about to recommend.

I have endeavoured to explain the successive changes which the cornea, as well as other structures of the eye undergo, when this organ becomes staphylomatous.* I have stated that previous to the appearance of a staphyloma, a portion of the cornea is always eroded or destroyed by ulceration, the ulcer penetrating the entire thickness of that tunic, and thus affording a channel for the escape of the aqueous humour. This opening in the cornea is, when small, plugged up immediately after the escape of the humour by an adjacent portion of the iris, and when large, by some of the hyaloid membranes also,—the vitreous humour being pushed forwards.

The transparency of the prolapsed portion of vitreous humour is generally preserved for a few days, and even to such a degree, that I have sometimes known the vision of the eye remain tolerably dis-

* See "Morbid Anatomy of the Human Eye," Vol. I.

tinct, creating even a hope of recovery, until a process, which may not be improperly denominated *cicatrization*, commences—the capsule of the vitreous humour then becoming opaque, laminæ of lymph being effused upon its surface, and thus replacing the lost portion of cornea. During the formation of this new membrane, the eyeball becomes enlarged, and is projected forwards, forming the commencement of a staphyloma. This new membrane, though at first thin, and more or less transparent, gradually becomes denser, white streaks appearing over it in different directions, which, finally, become so numerous, as to convert the whole surface into an opaque bluish-white swelling, properly called *staphyloma*. Now it will generally, I may almost say universally, be found, that an eye which has been for some time in this state, has occasionally had a quantity of aqueous humour emitted from it, this fluid escaping through a small orifice or *punctum* in the staphyloma, which punctum, except at the time of the emission, is covered by an extremely thin and pellucid membrane. In almost every staphyloma this punctum may be discovered like a small point, not larger than the head of a common pin, and most generally situated near the apex of the tumour. On minute examination, the dark-looking spot is found to be a perfectly transparent vesicle, which, by the slightest touch of a pointed instrument, gives outlet to some aqueous humour. When there is a redundancy of aqueous humour, it is easy to imagine how well calculated this punctum is to perform the office of allowing any superabundant portion of that fluid to escape, for whenever it collects in such a quantity as to produce over-distention, the thin membrane covering the punctum gives way, and allows the exit of the fluid; while, at the same time, by the speedy reproduction of the membrane, the punctum is hermetically sealed, and all communication prevented between the cavity of the globe and the external atmosphere,—a state which in no instance of a *serous* cavity can remain without bad consequences.

For reasons which I cannot pretend to explain, it would seem that in a staphylomatous eye, the aqueous humour continues to be secreted, and, when redundant, finds its exit through a punctum, such as has now been described;—just as may be observed of hemorrhoidal tumours, a small opening being formed in them, which gives way to permit the escape of a superabundant quantity of the sanguineous fluid, which opening is afterwards sealed up by coagulated lymph, until such a congestion of blood again takes place as the system requires to be relieved from.

But it not unfrequently happens that a staphyloma becomes extremely painful from over-distention of the parietes of the tumour, occasioned by the membrane which covers the punctum not giving way, and hence preventing the discharge of the superabundant aqueous humour. In cases of this description, a prominent transparent vesicle may be perceived, projecting from the punctum, which, when opened, emits an aqueous fluid, after which the eye is instantly released from pain.

Treatment.—The account now given of staphyloma is not only interesting in a pathological point of view, but it leads to some important practical reflections. It points out how easily the pain and misery which sometimes accompany a staphyloma may be relieved, and, also when only a small portion of the cornea has become staphylomatous, it explains how the transparent portion may be rendered useful to vision. Whenever, therefore, a staphylomatous eye becomes painful and inflamed, accompanied by a feeling of distention and pain in the head, the discharge of the aqueous humour will be found to give immediate relief.

Case.—A gentleman, with a staphylomatous eye, felt it suddenly become soft when rubbing it with his finger, part of the aqueous humour having at that moment escaped. Afterwards two or three drops flowed out every week, and when this periodical discharge did not take place, he was seized with pain and tension of the eyeball, which symptoms vanished whenever the evacuation of the humour took place.

Case.—A gentleman had a small staphyloma of one eye, which suddenly became painful. The pain rapidly extended to the brow and the back of the head, and became so agonizing that in the space of a few hours he was distracted with its severity, becoming extremely pale, while his pulse was feeble. When in this state, I discharged the aqueous humour, and the operation was instantly followed with great relief, and in a few hours he was perfectly recovered. The eye was at intervals of several weeks three times attacked in a similar manner, and on all these occasions the discharge of the aqueous humour was followed by immediate and complete relief.

In order, however, to prevent a recurrence of such attacks, after making an incision in the cornea, I snipped out a small portion of it, and the orifice thus made

was afterwards covered by a thin pellucid membrane, which readily gave way whenever the aqueous humour was in excess; and when I saw this patient at a distant period after the operation, I found that he had ever since continued free from attacks of pain.

But the artificial discharge of the aqueous humour in a staphylomatous eye, and the establishment of a punctum or fistulous orifice to prevent any future undue accumulation of that fluid, may be employed for a more important object than mere relief from pain, for when a certain portion of cornea remains transparent, and the pupil is not altogether obliterated, by reducing the staphylomatous prominence, vision may be preserved to a greater or less extent.

Case. — A girl had completely lost the sight of one eye, the globe having collapsed, while the other eye had become staphylomatous in consequence of puriform ophthalmia. There was, however, only a small portion of the cornea opaque, but this portion covered the pupil, that aperture having been dragged from its natural position by the adhesion of the iris to the ulcerated cornea. In this case, I punctured the cornea with a needle no less than sixteen times, and some of these operations were performed at considerable intervals. By this treatment the cornea was not only restored to its natural form, but its obscurity was diminished in so remarkable a degree that she was afterwards enabled to see the most minute objects; and she visited me many years afterwards with her sight unimpaired.

The treatment of staphyloma by puncture may, therefore, be said to apply to two states of the disease. In the first it is employed to relieve the pain and inflammation excited by an over-distention of the eyeball; and in the second, when, besides a staphyloma, a portion of cornea remains transparent, the repeated discharge of the aqueous humour, and the establishment of a fistulous orifice, will have the effect of restoring the natural sphericity of the cornea, and thus render that portion which remains transparent more or less useful to vision.

There is still another state of staphyloma, which requires the assistance of the surgeon, and for the relief of which a severe, and, as I shall endeavour to show, a very unnecessary operation has usually been employed.

It not unfrequently happens that a staphylomatous cornea progressively increases, and acquires such a bulk as to prevent the closure of the eyelids during sleep, becoming a source of much irritation, and having an unsightly appearance. In such cases, the common practice is to cut off the whole of the staphylomatous mass; this operation allows the contents of the globe to escape, when suppuration ensues, the sclerotic coat contracts and is puckered up, and the eyeball completely collapses, being no longer an anoyance.

It long ago occurred to me that this operation,—an operation always followed by severe suffering, might be saved, by imitating the process which nature herself employs for the cure of staphyloma, when the tumour has acquired a large bulk,—a process which I have already so fully described, viz. that of establishing a fistulous opening to prevent any superabundant collection of aqueous humour.

When a staphyloma has grown very large, and its tunics have become attenuated, it often happens that these give way, more or less of the contents of the globe escapes, inflammation and suppuration supervene, the eye collapses, and afterwards a fistulous opening or punctum is established.

The operation which I have for many years employed, is that of the removal of only a very small portion of the staphylomatous cornea,—a portion made large enough to allow the crystalline lens and requisite quantity of vitreous humour to be evacuated, but not so large as to expose the whole serous cavity of the sclerotica to the influence of the atmosphere. By making such an opening, not only is the precise and necessary quantity of the contents of the globe removed, so as to allow the eyeball to be diminished to the desired degree, but the great pain of the sudden evacuation of the whole contents of the globe, which takes place in the common operation, is saved, the subsequent inflammation is extremely trifling in comparison with what follows the complete emptying of the globe; and, lastly, the eyeball can be made to collapse just to that degree which may be required to admit the use of an artificial eye.

Case.—A man had a violent attack inflammation in his right eye, which terminated in the formation of a large staphyloma, for the relief of which he applied to the Hospital of Surgery. The whole cornea was white and opaque, and projected so considerably as to prevent the eyelids from being closed over it. As he suffered much inconvenience from this state of the eye, I deemed it expedient to reduce the bulk of the tumour, which was accomplished by a very simple operation. A curvilinear incision was made with a cataract knife in the anterior part of the tumour, so as to form a small flap in the

diseased cornea. Through this incision the lens and some vitreous humour were evacuated. The globe of the eye was now reduced to a smaller size than natural, and then the flap of the cornea was snipped off. The patient complained of slight uneasiness in the head on the evening after the operation, to relieve which leeches were applied. No inflammation supervened, the eye being only slightly reddened. The orifice made in the cornea was filled with coagulated blood, and in a few days he was completely free from the inconvenience which the staphyloma had occasioned. The orifice gradually contracted, leaving a fistulous opening, through which aqueous humour was occasionally discharged.

Case.—A gentleman had a very large staphyloma, which involved the sclerotic coat as well as the cornea. It became the source of considerable pain, and prevented the eyelids from closing during sleep, and was so unsightly, that its removal became urgent.

I made a small lunated incision through the cornea, when the aqueous humour, which was in considerable quantity, spurted out, and I pressed through the opening a small portion of vitreous humour and lens. The evacuation of these was sufficient to reduce the globe to about its natural bulk, and I cut off the flap of the wound. The operation created very little pain, and only slight inflammation. On the third day, fearing the eyeball might remain too large, I reopened the wound with a curette, and readily squeezed out the vitreous humour in sufficient quantity to reduce the eyeball to what I deemed a proper size. The redness abated in a few days, and this patient afterwards wore a glass eye with every advantage.

It can never be too strongly impressed on the mind of the young practitioner, that the most rational and effective modes we possess of treating diseases, are in accordance with, or in strict imitation of, the process which nature employs for the same purposes, as it ought to lead us to inquire and observe on all occasions what those means are, and how they are to be assisted or imitated by art.

GALVANIC ELECTRICITY IN PARALYSIS.—M. Marianini has indicated a means of applying galvanic electricity to the cure of paralysis and paraplegia. A current should be passed across the limb, during many days, or even weeks; not a continuous current, but rapid successive discharges of a battery, at first weak, but gradually augmented. He states that by this method he obtained many cures.—*Dub. Journ.* Nov.

CASE OF

PURPURA HEMORRHAGICA

TREATED WITH TONICS.

By J. W. MACNEE, *Surgeon, Glasgow.*

THE interest generally attached to the consideration of purpura hemorrhagica, induces me to forward the particulars of a case of this disease, which was lately under my care, for insertion in the pages of THE LANCET. The treatment adopted in this instance was, in some respects, different from that most commonly recommended. Tonics, as will be seen on perusing the report, were liberally administered, and, as it appeared to me, under very warrantable circumstances. At present, authority seems to run in favour of an antiphlogistic plan of treatment, but it should not be forgotten, that cases may occur, and that which I am about to submit to the consideration of the profession is one, where an opposite plan of treatment was followed by the happiest consequences. Had depletory measures been adopted, I have no doubt the result would have been very different. It may be almost unnecessary for me to add, that nothing is more distant from my intention, than to think of recommending the tonic plan of treatment in every case. My object is merely to show by experience, and not by mere speculation, that the disease exists under varied forms, and requires in different persons the exhibition of different remedial means. The day is fast disappearing, or, rather, has disappeared, when medical men were content with treating the name instead of the symptoms of a disease, and there are few things that more strikingly exemplify the necessity of being guided by circumstances, and not by preconceived ideas in the practice of medicine, than the consideration of purpura hemorrhagica. The remark of a late writer on the subject is worthy of being borne in mind, "that in the treatment of cases of purpura, we are not to be guided by the name or external appearance of the disease, but by diligent attention to the symptoms, and more especially to the state of the functions and the habit and constitution of the patient."—*Dr. Goldie in the "Cyclopædia of Medicine."*

Case.—On the 20th of August I was requested to see Mrs. H——, aged 28; I found her suffering apparently from a common bilious attack. She had headach, foul tongue, with a bad taste in the mouth, without being thirsty; face flushed,

bowels irregular, motions of a dark colour, and the pulse 90, and by no means full.

Leeches were applied to the head, and some mercurial medicine was given internally, followed by the sulphate of magnesia in the infusion of senna. Next morning she expressed herself as feeling considerably better, and she was desired to take two common aperient pills at bed-time. 22nd, much worse. The heat of skin was increased, the face much flushed, with a considerable degree of thirst. Under these circumstances measures were adopted, such as appeared to me suited to meet the symptoms, which in this place it would be unnecessary to detail, but no improvement followed. The next morning the pulse was 130 and very feeble, and she had a severe attack of vomiting. No uneasiness was felt in the region of the stomach, but as the bowels were distended with flatus, cloths, wetted with turpentine, were applied to the abdomen, and an enema administered. She had a grain of opium at bed-time.

In this state she continued without any alteration or improvement till the morning of the 27th, and, I need scarcely add, from being unable to detect any active disease in any of the cavities, I felt somewhat at a loss to account for the continuance of the symptoms. During this period she had an occasional opiate to allay the vomiting, and as she complained unceasingly of extreme debility, she was likewise ordered a tablespoonful, every third hour, of a mixture of the carbonate of ammonia; a drachm of the salt, to six oz. of water.

On the morning of the 27th I found her exceedingly feeble and exhausted; her pulse was 156; the expression of face very anxious, at the same time she felt somewhat drowsy and dull of hearing. The pupils were natural, and no uneasiness was experienced on directing the eyes to the light. The bowels had been opened in the morning, and a considerable discharge of blood had taken place from the rectum. It had been passed without any pain, but mixed as it was with other matters, it was difficult to form an opinion as to the precise quantity, but I should think the blood amounted to from one and a half to two ounces. On questioning the attendant, I learned that, the evening before, some red spots had been observed on the fore part of the chest, which, to-day, had increased both in number and size. The chest was now covered with large dark vibices, some equal to half a crown in size, while lower down they were smaller, many, indeed, not larger than a split pea. She felt no pain, breathed freely, and the respiratory murmur was heard quite natural over the entire chest. Considerable distention of the bowels still prevailed, but no enlargement of any of the abdominal viscera could be detected, and the body, with the exception of the chest, was free from any eruption. Turpentine cloths were applied, and on their removal an enema was administered.

℞ *Sulphat. Quinin.* gr. xvi; *Acid. Sulphur. Arom.* ʒj; *Aquæ* ʒviij. M. Sig., a tablespoonful every third hour, with an equal quantity of port wine.

On the 28th she was no better. The spots had increased in number and size; abdomen more distended; tongue moist and clean; countenance very anxious, and deafness much increased. No difficulty of breathing. A considerable quantity of blood had been passed from the rectum during the night and morning.

She had vomited the quinine, which was attributed to its having been mixed with wine, which was therefore omitted.

Next morning (the 29th) she was much in the same condition. Blood still continued to be passed from the rectum. It was uncoagulated, of a pale colour, resembling in appearance the blood passed during menstruation. On coughing, blood is expectorated. The congestion had increased; the pulse 100; tongue moist; no thirst; very deaf; and gums soft. She had slept well during the night.

On the 30th, I found that no blood had been passed from either the mouth or rectum since the previous morning. She was very feeble, had passed a restless night, and complained much of ringing in her ears. The skin was dry and hot, but the eruption had not extended. She was desired to continue the quinine.

It would be uninteresting from this date minutely to detail the progress of the case. She continued gradually, although slowly, to recover under the use of quinine, and attention to the bowels. The ringing in the ears was for several days most distressing, preventing sleep, and, to use her own words, sounding like distant thunder, but it disappeared as she gained strength, and by the 5th of September had nearly left her. The hearing returned in the same gradual manner. On the 10th of September the vibices were fading slowly, and as she complained of the disagreeable taste of the quinine, she was ordered the carbonate of iron, in drachm doses three times daily. In three days afterwards, the remains of the eruption were entirely gone, and by the 15th she was so well as to be able to walk about. The carbonate of iron was continued, however, for ten days longer.

Glasgow, Oct. 16, 1834.

NEW MODE, BY M. AMUSSAT,

OF EMPLOYING

SUTURE OF THE INTESTINES,

Described by CHARLES PHILLIPS, M.D., *of Liege.*

WITH A REVIEW OF PREVIOUS METHODS.

THE history of surgery abounds with devices for the union of transverse wounds of the intestines, and few surgical operations have called forth a greater exercise of genius on the part of practitioners.

The experiments of this nature tried upon the living subject have not always realized the expectations which have been founded upon the brilliant theories which preceded them. Within the period of our recollection the announcement by an eminent surgeon* of a new opinion upon the mode of union between membranes of various textures, gave rise to a number of methods founded upon the principle that mucous membranes never form adhesions with each other. The method by invagination proposed by M. Jobert, the suture of M. Lembert, and the viroles (ferules) of Denans, are mere corollaries of this proposition.

M. Amussat, surprised at the unsuccessful result of this operation, and most anxious to know which method deserved most confidence, determined to repeat upon animals all the experiments which had been published by different surgeons.

Notwithstanding the success of Randor's method on the occasion of its employment upon the living subject, yet it failed in the hands of MM. Boyer and Richerand, and was, in consequence, entirely rejected. It is now only an event in the history of surgical operations. The following are the results of the only three modern methods which are entitled to the notice of surgeons:—

The invagination of M. Jobert, tried upon four dogs, only furnished one successful result. It was subsequently tried upon the human subject by M. J. Cloquet.

The suture of Lembert did not succeed on the two dogs upon which it was at first tried; but, subsequently, having separated the mesentery to the extent of three or four lines, and having applied to it the first suture stitch, the two dogs upon which the experiment was tried got well in a very short time. I have only once tried the suture of Lembert, modified by M. Velpeau. The dog in that case also recovered. The operation, according to this modification, is more easily executed than that described by Lembert.

The viroles of Denans have only furnished one successful case in four. In the memoir presented to the *Academy* by the above-named surgeon, he states that in the first experiment the ferules did not pass out of the intestines for seventeen days after the operation. In the second case he placed a small bone in a piece of bread, which was given to the dog, and the ferules were voided at the end of eight days. I do not think it necessary to describe on this occasion the first method of Denans. I shall merely give the details of a modification of it not so well known, but which in my opinion is far preferable, being more simple, more easily executed, and affording greater chances of success:* —"1st. There is a circular row of springs similar to those used as clasps for ladies' bracelets. 2nd. The outer ferules are of a conical form; at the base of each is a border about a line in extent, which, although covered by the reflected intestine, still hold the springs of the inner ferule which have passed beyond it."†

By this means the practitioner escapes the difficulty experienced in passing ligatures. When once the first spring is adjusted, it is only necessary to reflect as much of the intestine as is considered requisite, – an advantage which prevents its tumefaction and the formation of a fold at the inside of the ferules, which was the constant cause of the want of success of the first method.

The object of all these attempts is to bring about the agglutination of the serous surfaces, and to restore the caliber of the intestine. But is it safe to leave the ferules of Denans in the intestinal tube? Who can help anticipating a fatal result from such a proceeding? Can it be said that inasmuch as the method of M. Jobert does not require the presence of a foreign metallic body in the intestines, it is on that account more to be relied on? I do not think so. Not to mention the extreme difficulty of its performance, and the embarrassment one labours under to distinguish the upper from the lower end, the suture recommended by M. Jobert is not sufficient to prevent effusion, and particularly to prevent the reflected end of the inferior extremity from returning to its former position, which in that case would render impossible the formation of any adhesions between the suture points, and,

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* Richerand, p. 324, vol. 3, Nosograph. et Therapeut. Chirurg.

* MM. Velpeau and Malgaigne have not mentioned it in the treatise on Surgical Operations.

† Extracted from the manuscript memoir of Denans laid before the Academy.

besides, would leave a free opening for the escape of the feces.

The method of Lembert, which seems so easy upon the dead body, presents, in its application to the living subject, obstacles which can only be surmounted with great difficulty. There is generally a gaping of the membranes at the side of the mesentery, although care may have been taken to separate it to the extent of three or four lines, in the same way as in the invagination of Randor. It was almost invariably at this point that I noticed the effusion.

Such is an outline of the methods of modern surgeons with respect to the suture of transverse wounds of the intestines, and of objections thereto.

Having repeated the experiments of Travers, and observed that when the intestine is compressed within a circular ligature, the serous membrane of the upper portion forms rapid and close adhesions with the serous membrane of the inferior portion, that the constricted part obstructing the canal, mortifies and escapes by the rectum, that we find the intestinal tube has at the end of three days recovered its proper caliber, and that on the seventeeth day the adhesions are so perfect that it is impossible to recognise the cicatrix upon the mucous membrane of the intestinal canals, M. Amussat asked himself the question if, by employing the circular constriction, according to Travers, it would not be possible to secure to the intestine a part of its caliber, so as to allow the escape of the fecal matter and prevent all accidents. Impressed also with the importance of rendering the operation less complicated by employing substances found almost everywhere, M. Amussat imagined that a tube of elder wood about half an inch long and of a diameter corresponding with the capacity of the intestine, would answer the above purpose. With this view he tried to constrict the intestine in the groove made in the centre of the elder tube, but the attempt was not successful. The groove did not sufficiently facilitate the approximation of the serous membranes, and the adhesions failed to acquire a proper degree of solidity, and when the part gangrened by the ligature was detached, the two ends of the intestine, escaping into the abdomen, gave rise to an effusion which promptly proved mortal.

To remedy this accident, M. Amussat applied upon each end of the tube two small viroles (ferules), their bases turned to each other, and fixed to this tube by a small strip of adhesive plaster. By this means he obtained a deep groove instead of a slight depression. Two ligatures, six inches in length, each passed through a straight needle, and placed opposite each other on the edge at the truncated top of one of the cones, complete the instrument, by which the strangulation of the intestine is effected. The operator then taking one or other of the separated ends of the intestine, introduces into it the tube of elder wood, furnished with two needles, which are passed from within outwards, through the membranes of the intestine. The other end being kept open by means of several forceps, he then seizes the two needles together, plunges them at once to the depth of an inch into this end of the intestine, carrying them through the entire tissue, draws them out, and makes use of the two ligatures so as completely to sheathe the armed extremity of the piece of elder wood in the end of the intestine held by an assistant. A waxed thread is then applied on a level with the groove, and is drawn tightly by the operator, so as to strangulate the intestine. This soon produces a tumefaction of the membranes, which, by being turned up and brought towards each other by the ends of thread placed at the extremities of the pieces of elder, easily contract firm adhesions. That portion of intestine upon which the strangulation was immediately effected, presents, on a level with the ligature, a border, which causes an obstacle to the union of the serous surfaces. It must, consequently, be removed with a pair of small scissors. This period of the operation requires the utmost attention on the part of the surgeon. For if the resection be performed at too great a distance from the ligature, the same obstacle is still presented. If, on the contrary, too great a portion be cut away, that is to say, too close to the ligature, a slight degree of dragging may detach the intestine, and an effusion take place.

This new method of operating, performed with proper precautions, has furnished four successful cases out of five, in dogs, upon which it was tried. Besides, this method is free from the objections to the others, and possesses all their advantages. In the same way as in the operation of Dennans, a foreign body is allowed to remain for a certain time in the abdomen; but instead of Dennans' metallic cylinders, which never change their size, the inventor of this operation makes use of a tube of elder wood, armed with waxed thread, introduced into the intestine. The natural action of the mucus, and the warmth of the intestine, acting upon the cylinder of elder wood, soon render it moveable by diminishing its volume, and detaching the adhesive plaster placed round the ends; by this process the ferules fall off,

and are carried out of the intestinal tube along with the fecal matter.

It must be admitted, that a certain degree of difficulty is experienced in performing the second part of the operation, namely, in sheathing the end of the elder tube provided with threads, in the end of the intestine held open by the assistant. The membranes double upon themselves, forming a constant obstacle to the introduction (*invagination*) of the tube. This operation upon the dead subject offers flattering results, inasmuch as the intestines, under such circumstances, do not contract. To obviate this difficulty, Dr. Alexander Thomson has devised the following method, proposed by him at a late sitting of the "Anatomical School of the Hospitals of Paris," but which has as yet only been applied upon the dead subject.

M. Amussat's instrument, consisting of one piece, is, according to Dr. Thomson's suggestions, divided into two portions. The two cones are moveable one upon the other, and are united by means of an ebony tube three or four lines in length. The base of each tube is separated by a groove two lines in depth, and a line and a half wide. Besides, each base is hollowed. When united, they present a ridge of two or three lines.

The moveable cone is pierced with two holes at its border, for allowing the introduction of two ligatures. Two other waxed threads pass through the substance of the tube, upon which the other cone is fixed. The end of the groove formed by the union of the two cones is made somewhat rough, for the purpose of keeping a more firm hold upon the intestine. The moveable cone is fixed upon a handle, which extends about three quarters of an inch beyond its truncated extremity. At the middle of the handle is a small permanent stud, for the purpose of holding the ligatures which are coiled around it. The extremity of the handle serves to open a free passage into the intestine, until it has reached two-thirds of an inch beyond the base of the cone fixed upon the said handle. Close to the stud are two steel arms, furnished with hooks and springs for securing the intestine. A ligature is then placed over the groove in the base of the cone, and it is tightened so as to produce strangulation of the intestine, the operator cutting off a portion of the extremity beyond the constricted part. The two ligatures are then loosened, by which the cone is set at liberty, a needle is put on each, and they are passed through the strangulated portion of intestine. The same method having been adopted with respect to the other end of the intestine, the two cones are then united in such a way that the ligatures applied for fixing them may be in immediate contact. They are tied, and cut off near the knots, and the intestine is returned into the abdomen.

In the thesis presented to the Faculty of Paris this year by M. Choisy, previously to taking out his diploma, he describes a method of suture which does not differ from that of his instructor M. Amussat.

The substitution of a tube of elder wood is not a new invention, it is mentioned in the writings of Fabricius de Aquapendente.* Guy de Chaulac says, "Some surgeons place a tube of elder in the intestine, to prevent the feces from rotting the suture." He was quite unconcerned with regard to the expulsion of the tube, since he adds at the conclusion of the same page,† "For nature, awake to the necessity of removing those foreign bodies, expels them from the suture, and carries them out of the intestinal canal."

However, the mode of using the elder tube adopted by M. Amussat, resembles in no respect that of the ancients, and must be considered as a very ingenious application of the material, originating with that skilful surgeon.

Paris, Oct. 1834.

ON THE

NUMERICAL METHOD

OF ARRANGING THE

PHENOMENA OF DISEASES.

By E. Ch. A. Louis, *M.D., Phys. to the Hosp. of La Pitie, Paris.*‡

To know with precision the value of each symptom of a disease, we ought in the first place to seek for the proportion of cases in which it is observed, and this is to be done by *counting*. For the words "more or less," so often employed, and now consecrated by custom, signify, it will be agreed, either nothing, or very little. When it is said, for instance, that a symptom is frequently observed in a disease, does that mean that it is observed twenty, thirty, forty, sixty, or eighty times in a hundred? Evidently it is uncertain; an expression is used, the meaning of which is not known, and which it is not possible to replace by one more exact, except by the method of counting. Thus, it was

* Opera Chirurgica, p. 224, lib. ii.

† La Grande Chirurgie composée en 1363, edit. 1622, p. 300.

‡ See page 221.

known that diarrhœa is common during the course, or at the commencement, of typhoid fevers, but to ascertain the real meaning of this word "common," it was necessary to *count*; and it is only after having done so, after having ascertained that diarrhœa occurs in two thirds of the cases, at their commencement, that this symptom has become of great importance in the history, and especially in the diagnosis, of fevers. The same may be said of the rose-coloured lenticular spots observed in the same disease; little notice was taken of them in its history, until after it was ascertained that they appeared almost constantly, so as to be wanting scarcely twice in a hundred cases. So that if one of these two symptoms, the diarrhœa or the typhoid maculæ, were wanting at the commencement, or in the course of an affection which should otherwise in some points resemble typhus fever without having the characteristic symptoms of any other disease, we should almost entirely lay aside the idea of typhus.

If there exists an exception to a general law, the most general possible, under the point of view which we are now considering, I mean the just appreciation of the symptoms, how are we to know it except by means of the numerical method? Rusty, viscous, semitransparent sputa form one of the most remarkable and constant symptoms of pneumonia, and are very rarely absent, at least when the disease attacks a person previously in good health, and of mature years. Still this symptom has been absent, and in the circumstances just indicated; but in what proportion of cases? What is the value of this exception? It is not known; the numerical method has not extended so far.

Those who are inclined to oppose the numerical method, for this method has its adversaries, and among them men of real merit, will perhaps object that the proportion of cases in which the same symptom is observed, is not the same in sporadic and in epidemic cases of disease; that, thus, to count, is a thing at least useless. It may happen, indeed, that the proportion is not the same in epidemic diseases and in those which are not so; but that can only be rigorously proved by the numerical method: and the objection supposed, would be one of the most conclusive arguments in its favour. It is on purpose that we may know the difference which may exist between epidemic cases, and the same disease developed sporadically, that the numerical method is necessary. For, to speak only of the symptoms, the difference can only be in their degree of violence, or in the proportion of cases in which they show themselves; in fact, in their *more or less* frequent appearance: and wherever we have to do with the words *more or less*, to count is indispensable.

Suppose that this task had been completed for all diseases; that we had for each of them the proportion of cases in which a symptom presents itself, with the modifications produced by age, sex, strength or weakness; that we knew also in what proportion of cases this symptom is slight or severe under the circumstances mentioned, (the disease being sporadic or epidemic,) to what a height would pathology be raised, as regards our knowledge of symptoms!

And it is not merely to the study of symptoms that the numerical method is applicable; the other points in the history of diseases are equally capable of being enlightened by it; I mean their progress, their termination, and the causes which preside over their development.

It is known beyond a doubt, that peripneumony is more frequent than nephritis, but in what proportion is the difference? We are ignorant. Peripneumony and typhoid fever are frequent; but is one more frequent than the other, and if so, in what proportion? Inflammation of the various serous membranes is not rare, but what difference is there between them in this respect? We know not: for to obtain this knowledge it would be necessary to enumerate all the facts of the same sort which are well authenticated; and this has not been done. Nevertheless, this knowledge would not be superfluous, since it would indicate what difference there is between issues which appear in all respects similar; it would probably put an end to much prejudice, and would show the degree of connexion which exists between diseases of the viscera, of whatever nature they may be, and those of the serous membranes which cover them.

The numerical method is not less useful in the research of the causes of diseases, whether in giving us the means of recognising serious errors, or in enabling us to avoid them. Thus, it is an opinion still very generally prevailing, that tubercles in the lungs are the result of inflammation of the bronchi, or of the parenchyma of the organ in which they are disseminated. But ought not that physician to feel himself much shaken in his opinion, who learns that bronchitis, at least in the severe form, is more frequent in the male than in the female, in the proportion of three to one; that it is the same with peripneumony; whilst phthisis, on the contrary, is less frequent in the male than in the female? Similar remarks may be naturally applied to cancer.

This disease can scarcely be considered as a termination or consequence of inflammation, by him who knows, from the inspection of a great number of bodies, that whilst pulmonary and intestinal inflammations are the most frequent, cancer appears most commonly in the uterus and stomach; that the liver is next in frequency, and then at a considerable distance, the lungs and kidneys;* that of eight hundred subjects whose viscera have been examined with care, only two examples of cancer of the rectum have been found, and not a single case of that affection in the small intestine.

Whether then we wish to appreciate the value of symptoms, to know the progress and duration of diseases, to assign their degree of gravity, their relative frequency, the influence of medical constitutions upon their development, to enlighten ourselves as to the value of therapeutical agents, or the causes of disease, it is indispensable to count. The only reproach which can be made to the *numerical method*, if we may give that name to the assistance which addition lends to medicine, is, that it offers real difficulties in its execution. For, on the one hand, it neither can nor ought to be applied to any other than exact observations, and these are not common; and, on the other hand, this method requires much more labour and time than the most distinguished men of our profession can dedicate to it. But what signifies this reproach, except that the research of truth requires much labour, and is beset with difficulty?

Some practitioners, however, and among them men recommendable by the solidity of their understanding, think that medicine, and especially practical medicine, is not susceptible of that degree of certainty to which, it appears to me, a profound study of facts would tend to elevate it; and, perhaps, these practitioners, if they cast their eyes on this little essay, will say, "This science, which you are rendering so sure and so firm with your figures, will abandon you at the bedside of the patient." Without doubt, the science will abandon the practitioner at the bedside, if he make a bad application of it; but how can the science desert him if he employ it with discernment, I mean the *true* science, which is only a summary of particular facts? Thus, for example, a case of pneumonia presents itself; a physician is called in, who prescribes that treatment which the numerical method has shown him to be most efficacious in the affection at present under his observation. Nevertheless this patient dies, contrary to the first prognosis. Can it be said that the science has abandoned the physician? By no means. The science has demonstrated, that in cases of this disease, and under circumstances nearly similar, the method employed is the best, that it succeeds ten times out of eleven; whilst the most efficacious of the other methods succeeds only nine times out of eleven; so that it was right to prefer the first. But the science has not yet taught us, and probably never will teach us, to designate beforehand, almost at the commencement of the disease, the subject who is to sink under it. The science then has not abandoned the physician: it is only a little in advance of his art; and that is all which the supposed fact proves. But, supported upon science thus constructed, the art will, assuredly, advance with security; the physician, after having carefully studied the circumstances in which a patient is placed, will act with confidence, and will not change his method of treatment, unless he finds that that which hitherto he was bound to consider the best, is really inferior to another, not less conscientiously studied than the first.

* We live in a day in which "exact observation" is, indeed, wanting, when, for instance, the subjoined passage from the journal of a contemporary, dated eighteen months since, may be placed in juxta-position with the above statement:—"It is a question if real scirrhous disease has ever been found in the liver; and if we abide by the definition of scirrhus, as it occurs in the breast and uterus, we shall probably be forced to acknowledge that this morbid change of structure is seldom or never seen in parenchyma of the viscera."—Rev.

Mercurial Inunction in Erysipelas.—Lately I have tried the plan of mercurial inunction, as recommended in The Lancet of July 14th, 1832, p. 480, and of Sept. 1834, p. 739, and upon the whole am led to consider that it is a most valuable application in this disease. To ascertain as much as was possible the value of this mode of treatment, it has been employed nearly to the exclusion of other remedies, the bowels being merely regulated, and the diet attended to. In two cases where there was much sinking, tonics and stimulants were combined; in most of the cases, mercury applied in this manner affected the mouth. Understanding that this plan had been used in Mercer's Hospital, I applied to Mr. Reid for information, and was favoured with the following communication:—"It certainly would appear to me from a number of instances to have considerable power in limiting the extent, and generally checking the progress, of the disorder; two, three, or four applications have usually sufficed."—*Dr. M'Dowel in Dublin Med. Journ.* Nov. 1834.

GUY'S HOSPITAL.

DR. BLUNDELL'S SECOND LETTER TO HIS MEDICAL FRIENDS.

GENTLEMEN, — My attention having been drawn to some statements which have been lately put forth (see a former No. of THE LANCET) in consequence of, though certainly not in answer to, my former letter; under the advice of friends, I feel called upon, for reasons which must be apparent, to point out *seriatim* some of the inaccuracies which it appears to me to contain.

First.— *It is not true*, that in 1829-30, the gentleman who appears as the author of those statements, and who for the present, at all events, may be treated as such, gave clinical instructions to the pupils on account of Dr. Blundell; (A) - on the contrary, it is remarkable that this very session I expressly engaged an able friend, Mr. Doubleday, solely to undertake this important duty, which he did with vigour and effect: and further, about this very time, the author of the letter alluded to was disqualified for so confidential an office, being engaged in giving assistance to the rival class in Webb-street.

Secondly.—*It is not true*, as is insinuated, that Dr. Blundell requested of the hospital that the writer of the letter might be appointed his obstetric assistant, or, indeed, that Dr. B. sought an obstetric assistant at all.—On the contrary, the hospital, unasked, first inquired of me, whether I should object to such an appointment, and though I did not seek or altogether approve of it, I acquiesced. Every one who understands hospital intrigues will see the wide distinction.

Thirdly.—*It is not true*, as is asserted in the letter, that Dr. Blundell solicited the author to take upon himself the charge of the obstetric out-door patients.—On the contrary, when the assistant was appointed, I was told by Mr. Harrison unasked, and in a clear voice, "these patients the assistant *must* attend:" *must* was the word: if this be denied, I reiterate the assertion in a more emphatic tone, "So Mr. Harrison did say." It is clear, therefore, notwithstanding any words of acquiescence which may have passed, that solicitation on my part was quite out of the question.

Fourthly.—*It is not true*, as insinuated, that during the two first of the three sessions throughout which the clinical establishment had subsisted, the main burden of the wards fell, at Dr. Blundell's solicitation, upon the writer of the letter.—On the contrary, with a few occasional interruptions, these wards were regularly attended by myself; my services in that department, from first to last, being completely gratuitous, the new arrangements having occasioned no increase in my obstetric class.

Fifthly.—*It is not true* that during the first two years of the clinical establishment, the delivery of the clinical lectures was, by Dr. Blundell's solicitation, committed to the writer of the letter.—During these two sessions the lectures, agreeably to an arrangement made with the treasurer, were given by myself; and in consequence of this arrangement, according to the best information that I can procure, the writer did not lecture at all till the close of the second out of three sessions, namely, April 1833; the session terminating very soon afterwards, namely, in the middle of May, and even then he lectured unsolicited, and without my being informed of it till some time afterwards.

Sixthly.—*It is not true*, as strongly implied, that Dr. Blundell's spring course of midwifery consists of a scanty succession of 43 lectures.—The number, including female diseases, and which diseases were comprised in the course referred to by the writer, is sixty and upwards. If, therefore, one is compelled to make an estimate

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(A) Annexed to my obstetric class was an institution which delivered about three hundred women annually, and the gentleman, the writer of the letter, by his own wish, was appointed to be called occasionally to the few difficult cases which occurred in his neighbourhood; these cases of difficulty were necessarily rare, for the field of the institution lay principally on the other side of the river, and was divided among five other gentlemen, who kindly and zealously volunteered similar assistance. I presume the claim is not raised on so frivolous a ground as this. A clinical instructor is not a gentleman who goes merely to some half dozen cases in the course of a session, where there is a class consisting of a hundred and twenty, thirty, or more pupils. What may have been done unknown to me I cannot pretend to say, but further help I do not acknowledge. The printed paper of the institution is now lying before me, and contains, along with that of the writer of the letter, the names of Messrs. Clarke, Croft, Doubleday, Fowler, and Taylor, as consulting-surgeon accoucheurs, to every one of whom singly I am under equal obligation, nor ought I to forget Mr. Ward.

of the assistance afforded, it is clear that this assistance was very imperfect, much more imperfect than the tone and style of the writer would lead one to suppose. (B)

Seventhly.—*It is not true*, as boldly asserted in that letter, that when confined by indisposition, Dr. Blundell solicited the writer to take the chair.—On the contrary, the annexed will show, that it was from Mr. Harrison and the author of the letter that the solicitation came, if any there was. Dr. Blundell was asked, Dr. Blundell acquiesced; a suggestion was called for, a suggestion was given, though not followed. (C)

(B) Should it be urged that there was not time for a fuller course, that is not correct. I used, in these emergencies, to lecture twice in the day. Should it be said that this could not be done, then, it may be replied, the daily lecture ought to have commenced at half-past seven, instead of eight in the morning, and have continued an hour and a half. The regulations of the Hall cannot be objected, as allowance was always made for a *bona-fide* course, interrupted by human infirmity, and established long before the regulations existed; and it was clearly more in the spirit of the rules, that the lectures should be given in this manner, than that they should be omitted altogether. In stating all this, however, it is but just to add that great indulgence ought to be shown to a first attempt. But here it is to be recollected, that we are not estimating the lecturer, but merely the value of the service rendered.

(C) "Friday Evening.

"My dear Sir,—I am glad to hear so improved an account of your health, and I trust it will not be long ere you are quite well again.

"The treasurer has to-day communicated to me his wish that the midwifery lectures should not be suspended, and requested that I should propose to you my continuing them from the point at which you left off, till the re-establishment of your strength. This I shall be happy to do, and shall be still further obliged by your suggestions, if it meets your approval. I am, my dear Sir, very truly yours,

"&c. &c. &c.

"To James Blundell, Esq., M.D."

"No. 1, Great George-st., Westminster,
Sunday, April 6th, 1834.

"Dear Sir,—The subject which I wish you to take up in the obstetric course is, the unimpregnated genitals and their diseases; this section of the course I was upon the point of entering, when laid upon a sick-bed, and the ward above stairs in the hospital will enable you to come to the consideration of these diseases with advantage.

"I am, with thanks for your kind inquiries, my dear Sir, yours faithfully,

"&c. &c. &c.

"&c. &c. &c."

Eighthly.—*It is not true*, as might be supposed, that the pupils must have been disappointed and faith have been broken, if the course had not been continued by the writer of the letter.—In an emergency arising from ill-health, I am persuaded that the lecturers who fill the other two chairs in the neighbourhood would willingly and readily have assisted; and, really, had I not been unwilling to blight the hopes of a gentleman, pressing, indeed, not to say obtrusive, but still not without good qualities, if left to my own free choice, by the use of a very moderate degree of foresight, I might have been provided with unexceptionable and preferable assistance; the assistance of a gentleman who is said to have stood first at a great public school, who had received a first-rate Oxford education, and who, of course, possessed all those high feelings which such advantages never fail to ensure to ingenuous minds.

Ninthly.—*It is not true* that the writer was introduced to the treasurer by Dr. Blundell.—Notwithstanding the electrifying assertion to the contrary, such introduction has never been given by me from first to last.

Tenthly.—*It is not true*, again, that the writer of that letter was introduced to the obstetric chair in the same manner as Dr. Blundell was.—On the contrary, in the fullest, largest, and most unequivocal manner, I was directed by my predecessor to deliver the obstetric lectures; the writer was not. Further, by my own wish and desire, I gave a full equivalent for the lectures, by delivering first, parts of courses, then whole courses, of which there were six annually, and that for several years together; the writer did not. On the contrary, *not till the end of the last session, and then by his own desire, having asked and received a suggestion, did he lecture in the midwifery course at all*, and even then he gave only a scanty course of 43 lectures instead of 60, of which that course was composed when complete.

Eleventhly.—On reviewing the above statement it will, I presume, be unnecessary to add that the startling assertion of "having been *solicited* to do ALL this by Dr. Blundell himself," is, in the main and

force of it, *utterly untrue*, and this charge lies most clearly against the first, second, third, fourth, and fifth propositions, the whole together forming a kind of electric battery of no mean power. In the general, throughout, the real truth has been, Dr. Blundell was solicited, and Dr. Blundell acquiesced.

Twelfthly.—*It is not true*, nay, it is utterly untrue, that Dr. Blundell could not brook the conjunction of the name of the writer with his own.—Undoubtedly the name was not at first my free choice, but this was not the matter,—that which I would not brook—that which called down upon Mr. Harrison deserved chastisement,—was the impertinent, not to say insolent, liberty taken with my name, under all the aggravated circumstances stated in that letter; an impertinence which it was impossible for a gentleman to overlook.

Thirteenthly.—*It is not true*, as seems to be unworthily and ungenerously insinuated in the letter, that Dr. Blundell promptly removed his museum in order to distress the school.—Not to mention that, on the occasion of this rupture, I showed a disposition to leave the museum for a time on equitable terms, several years ago I intimated to Mr. Harrison that the hospital would do well to collect for itself, and it is in consequence of this that the school is prepared for the change. My real motive for removing the museum was to use it in my own professional studies, and to prevent any shuffling claim being raised by the manager about the right of property; for it is scarcely necessary to state that, after the affair of the advertisement, I had necessarily lost all confidence whatever in the straight-forward dealing of that individual.

Fourteenthly.—*It is not true*, as the tone of that letter would seem to convey, that Dr. Blundell has been the intentional author of any injury to the writer.—On the contrary, in firmly and sharply rebuking and withstanding Mr. Harrison, I have, from first to last, purposely avoided any crimination of the writer of the letter; and indeed throughout, though all may not have been done which was wished, yet it must be apparent to the world, that actively, or by acquiescence, I have been a main, and, on the whole, surely, not ungenerous, instrument of the writer's advancement,—a benefactor, and not an opponent. To perceive this, let it be recollected where the writer was originally, where he now is, and how he came there.

One or two general remarks, and I have done on these points. Throughout a great portion of the letter there seems to be an attempt made to raise a claim to the *obstetric* chair, for exertions made in the *clinical* department. It may be right, therefore, to state distinctly, that the *clinical* was essentially separated from the *obstetric* chair, in this most important point,—the *clinical* chair was *hospital* property, and the *obstetric* chair was *private* property; so that, in strict right, the one could not give a claim to the other.

Again, there seems further to be a tendency in the letter to represent the clinical assistance as greater than it really was. For, as shown above, instead of commencing in 1829-30 as stated, it did not exist at all till the session of 1831-2. Instead of clinical lectures having been given by the writer of the letter, during two or three sessions, they were delivered by him during the third session only, with the exception of a few delivered in the close of the second session, say in the end of April and the beginning of May. Instead of the out-door patients being seen in the hospital with a *primary* view to my relief, they were in reality so seen by the direction of Mr. Harrison, who had the right to decide, and who had pronounced his "must;" the primary object throughout being not to relieve me, but, for whatever purpose, to introduce another gentleman. Instead of the hospital Lying-in Charity and its management by the writer of that letter being to me a benefit, or creating claims upon me, in reality it was just the converse, for, as intimated in my former letter, I had an institution of my own, necessary to my independence as a lecturer, and with which that hospital institution was evidently intended to compete.

But to proceed: with that letter I have dealt the more freely, because I have a shrewd suspicion, that it may, after all, be the work of my very good friend at the hospital; for, as most undoubtedly my name was borrowed for the spurious advertisement so as to impose upon the pupils, the name appearing not only within the bounds of the hospital, but in the public papers, why should not a similar liberty be taken with the name of my successor? That this conjectural emendation is not ill-founded is rendered probable, I think, by several additional considerations. And first, the whole letter seems, in its facts and tenor, to be the work of an individual at most but partially acquainted with the truth; some of the statements, too, being so directly erroneous, that they cannot be supposed to have emanated from the pen of the reputed writer, who must have been better informed. Further, the writer speaks of the pleasure of being introduced to the treasurer, an expression which may be easily forgiven to that in-

dividual when speaking of himself, but which, unless indeed it be merely complimentary, can scarcely come with propriety from any other gentleman, when it is considered under what untoward and unanswered charges Mr. Harrison now lies.

Further, the whole letter bears a resemblance to others which I have received from that gentleman, inasmuch as, if apology for him be its purpose, it leaves "the point at issue completely untouched." Then, too, in the letter, the writer, to screen the treasurer, is placed in a light which he really does not merit; for is he not introduced as coming before the public and saying, "When I was young, and of small repute, this Dr. Blundell, neglecting others, stretched out his hand to me, and by his countenance laid the first foundation of my advancement? When some years afterwards an opportunity offered, he overlooked the abrupt manner in which I had broken from inchoate engagements, introduced me to the office of obstetric assistant at Guy's, and left me a fair field for distinguishing myself, to the best of my ability; abstaining from ungenerously or illiberally intercepting my endeavours, or attempting, in any manner, to raise obstacles in my way. Such was his procedure towards me, notwithstanding the obvious purpose of the good man at the head of affairs; and thus it was that I was allowed to come to the very foot of the chair, where, in an evil moment, '*nemo omnibus horis...*,' the object of my desire being within reach of my grasp, I turned round upon my benefactor, and availed myself of an opportunity which the treasurer threw in my way, to join with him to occupy the post of honour and emolument, without the poor remuneration of thanks. "That Dr. Blundell has been of service to me up to the moment of his chastisement of the treasurer, I myself, before the public, do freely acknowledge; and even now, should he abstain from censuring this letter, the only apparent failure of his undeviating kindness to me will have been, his refusing to sit in the chair after the indignity with which, by the impertinent abuse of his name, Mr. Harrison has soiled it. Even the museum was not taken away without such intimations having been previously given to the hospital years before, that they were "richly provided" with one in its place; and the issue of the whole—the issue of which I have to complain, has been to give me every thing to which I was aspiring—my cup runs over. His enmity is, I must confess, as the event shows, as beneficial as some men's friendship,"—but who could hear of such a naïve declaration without bethinking themselves of the celebrated apologue of times gone by?

Again, that the apparent author is not really the writer of the letter is rendered still more probable by an attempt studiously made, with equal injustice to both of us, to transfer certain well-merited expressions of reprehension and rebuke from Mr. Harrison to the reputed writer himself. To those who have done me the honour to read, even with slight attention, my former letter, it can scarcely be necessary to remark, that, unless it be intended as a cheerful and enlivening jest, to suppose that the description of the chair "redolent and reeking as it was with the indignity which stained it," has any personal reference to my intended colleague, is, to say the least of it, a strange misapprehension. To remove, however, at once, all future doubt on this matter, I beg leave to explain distinctly, once for all—that to this gentleman personally, this expression has no reference whatever, and that he undervalues himself to think so for a moment. No; the grave indignity which has been very properly, I conceive, rebuked and chastised—the grave indignity which I neither could, nor would, nor ought to brook—the grave indignity from the responsibility of which I will not suffer my good friend at the hospital, under this feint, to steal away—that grave indignity, was, on the part of the hospital, the insolent trifling with my name—the name of a man standing independently, and, in relation to the managers, claiming to be every way their equal in the levels of society—the inserting it in a spurious advertisement, the daring to set forth that advertisement as mine; and the actual appearance of my name (the public will scarcely believe it) in the daily papers, without my leave, contrary to my wishes, *after the mockery of consulting me about the matter*; this, too, when I was abroad,—when no arrangements whatever had been made with my proposed colleague—when, for aught I knew to the contrary, a disputed claim to my museum and a suit in equity might have been the result; and all this without having one word to say in direct defence of what was done, though publicly charged with it three or four weeks ago. The thing is so monstrous in any persons of station in society, that, I repeat it, the public will probably find a difficulty in believing it. What! are the medical officers who ought to take the lead at the hospitals—men who, in fact, are the very brains of the institution, at length reduced to such a pitch of degradation, that even an independent man, who is no officer, except by courtesy, and over whom the

hospital has, of right, no authority whatever, cannot go and lecture within its walls, without being considered as so tamed and degraded, that he may be safely subjected to such treatment as this? And will the profession in general betray their own cause, and publicly or privately palliate such conduct, derogatory, not merely to one individual, for he is of small importance, but to the whole body? If there is any approach to such a condition, it is surely high time, that those who feel at liberty should turn round, and resist, at whatever sacrifice; for, I hold it to be of the utmost importance to society at large, that the self-respect of the profession should not be totally frittered away? True, we are the public servants of the community, but we are not yet Helots. (E)

(E) The following recent Circular will show what Hospital managers are capable of attempting:—

"46, Lincoln's-inn-fields, Aug. 22, 1834.

"Sir,—The Committee of St. Thomas's Hospital propose to offer, on Thursday next, August the 28th, for your consideration and approval, their report on the Medical and Surgical School. Of that report, I beg to draw your attention to the concluding paragraph, which states—'that they consider it quite inconsistent with the duty of any medical officer of this establishment to give his support and assistance to any other Medical School; and they consider that such officer having so engaged himself, should be called upon to resign any situation he may hold in this establishment.' And I now venture to claim your attention, in order to prevent your becoming inadvertently a party to the commission of a moral wrong, either by your approval or permission of the enactment of a law founded on this statement.

"The individual who now takes the liberty of addressing you, is the only one who, in consequence of holding the appointment of Professor of Surgery at King's College, can be affected by the proposed measure. I have lectured since October 1831 at that Institution; no law exists that prohibits my so doing. I had previously made no secret of my intentions; and my successive resignations of the offices of Lecturer on Anatomy and of Lecturer on Surgery, at St. Thomas's Hospital, had been accepted.

"I need scarcely observe to you, then, that the regulation, the necessity for which is now first contemplated by the Committee, is designed at once to constitute and punish, as an offence, that which has been done during a period of three years, with the well-founded assurance of its being strictly conformable to the laws of the Hospital;—it leaves me even no alternative of avoiding the punishment it aims at inflicting, by the resignation of the appointment at King's College, supposed to be inconsistent with my duty as surgeon of the Hospital;—it insists upon a blank sentence of dismissal.

"Abstaining from all further comment, I leave it with perfect confidence to your decision, whether the Committee shall be permitted to initiate a law which is the mere pretext for my expulsion from an office, which I have held for more than fourteen years, with the approbation of the Governors, and with the duties of which my appointment at King's College has never interfered. I am, Sir, with the utmost respect,

"Joseph Henry Green."

Once more. That the apparent author is not the writer of that letter, is, I submit, further rendered probable, by the following minute yet curious circumstance. For the treasurer, my very good friend at the hospital, to commit an error in Latin prosody, considering the mode in which he treats gentlemen of education, would not be unaccountable; but that the apparent writer of the letter, who has taken his medical degree, and of course studied at a University, should not be able to quote or scan a Latin hexameter, is incredible. Indeed, considering that we are told by Cicero that a Roman actor would have been hissed from the stage for such a shock given to elegant ears, I cannot help maliciously surmising, that my very good friend at the head of affairs, if, indeed, he be (as I have suggested) the real author of the letter, must himself have been aware of the dissonance, and that he has artfully put this uncouth line into my mouth, in order that, instead of my exit being closed with the "*plaudite*" of antiquity, I might terminate my career with a metrical blunder, amid a chorus of laughter from the graduates with whom I have been associated.

Equester ordo stultam errorem intelligit,
Magnoque risu canticum repeti jubet.

Of this committee, it is remarkable that my very good friend, the treasurer of Guy's Hospital, is himself a perpetual member. After reading this letter, I would distinctly ask my friends and the public,—Is this, or is this not, an attempt to exercise a most abominable tyranny? Is it, or is it not, time that a stand should be made?—J. B.

And now, to bring this letter, already I fear too long, to a conclusion, however I may regret for his own sake, that a respectable gentleman, with whom my quarrel was not, should have been induced, by any influence, to affix his name to so inaccurate a letter, the tendency of which is plainly to palliate and cover a most unworthy transaction, I part from him with no wish but what his best friends might approve; and, anxious to return to more congenial pursuits, which but ill bear such interruptions, I shall not be easily induced, unless indeed my friends think it necessary, to take notice of anything which does not proceed from Mr. Harrison himself, the gentleman against whom, and whom alone, my charges were originally laid.

I have the honour to be,
Gentlemen,
Your faithful servant,
JAMES BLUNDELL.

1, Great George Street, Westminster,
29th October 1834.

THE LANCET.

London, Saturday, Nov. 1, 1834.

THE Secretary of the College of Surgeons in London, at the request of the President, Mr. WHITE, has just transmitted to us the following documents. We give them a place in this the most conspicuous portion of our journal, in order that they may attract the earnest attention of our readers.*

DOCUMENTS

RELATING TO

MEDICAL STUDENTS,

ISSUED BY THE COLLEGE OF SURGEONS.

No. 1.—*New Regulation addressed to Students.*

"Royal Coll. of Surgeons in London, Oct. 28, 1834.

"It is *expected* by the Council of the College, that the following regulation *be attended to* by all students coming to London for any part of their education, and with the ulterior view of becoming candidates for the diploma of the College.

"*Regulation.*—Every student, on the commencement of his education in London, is desired to present himself at the College, to register his name, together with the *documents* of his *previous studies*; at which time he will be required to produce evidence, satisfactory to the Court of Examiners, of having entered to those studies which are necessary for the completion of his education; and *credit* will be given for attendance on hospital practice or lectures in London, only from the date of such registry.

"EDMUND BELFOUR, Sec."

No. 2.—*Form of Register "expected to (be) attended to" by Students.*

"Royal College of Surgeons in L
Register of Studen

NAME.—(*John Pluckw*
(*Goosegreen*), in the coun
AGE.—(*Nineteen*) ye
day of (*February*) 1835
Previous Studies.—
studied under (*Mr.*
nate), of (*Portugal S*
of (*Middlesex*), from (*
to (*February 30th*), 184
Attendance on the
ders), from (*September*
(*September 31st*, 1834).
Attendance on lectures
Chirurgical Rubbish).

(*J. P. Pigeon, Nov. 31st,*
Signature of Student, and Date of Regis

No. 3.—*Return to be made by Hospital Surgeons.*

"Royal Coll. of Surgeons in London, Oct. 28, 1834.

"In order to verify the certificates presented by candidates for the diploma of the College, the *surgeons* of all recognised hospitals are requested to transmit to the secretary, on the 1st of November, the 1st of February, the 1st of May, and the 1st of August in each year, or as soon after as possible, a quarterly return of the students attending the same, noting the dates of entry, and the periods for which they may have entered, together with any remarks as to attendance, absence, &c., according to the form herewith enclosed, and which will be furnished by the College on application to the secretary.

"EDMUND BELFOUR, Sec."

* Of course the names in italics which fill up the vacancies in the skeleton documents have been added by ourselves.

No. 4.—*Return to be made by Teachers.*

"*Royal College of Surgeons in London, Oct. 28th*, 1834.

"In order to verify the certificates presented by candidates for the diploma of the College,—the *teachers* of all schools, whose certificates are recognised by the College, are requested to transmit to the secretary, on the 1st of November, the 1st of February, the 1st of May, and the 1st of August in each year, or as soon after as possible (according to the order and duration of their respective lectures), a quarterly return of all students attending their several classes, noting the date of entry, and the periods for which they may have entered, together with any remarks as to attendance, absence, &c., according to the form enclosed herewith, and which will be furnished by the College on application to the Secretary.

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No. 6.—*Form of Teachers' Return.*

"*Quarterly Return*,—To the Royal College of Surgeons in London, of the Students attending the Course of Lectures on (*Gabblegabble*), delivered by Mr. (*Nibblefee*) at (*Certificate-square*), between the 1st day of 18 , and the 1st day of 18 ." (Ruled with similar columns to the above.)

We purposely abstain from entering on those questions which are suggested to the mind by an examination of these documents, and by a momentary reflection on the objects from which they have been promulgated. Time and space are both wanted to enable us to do justice on this occasion to such an important subject. We have, therefore, one request to make,—namely, that the medical students of this metropolis will refrain from acting on these documents,—will refrain from *registering themselves* under these odious instruments,—until they have an opportunity of perusing the next number of this journal.

It is only right that the powers of the Council to enforce such regulations should be ascertained by a reference to the charter under which they profess to exercise all their authorities. That reference shall be made, and it will then be seen whether the London College of Surgeons is invested with those prerogatives which will enable the Council to reduce all the teachers of surgery to a condition which will make their interests subservient to the caprices of a tyrannical body, and whether all the English students of medicine can be reduced to a state of dependence not far removed from that of the WEST INDIAN NEGRO APPRENTICES. It is not enough that students are to be robbed of their money, but by making all the BEADLES and DOORKEEPERS spies on their conduct they are now to be plundered of their time, by being compelled, on pain of being REPORTED, to pass those precious hours in hearing the jargon of the lecture-rooms, which ought to be devoted to a bed-side attendance on the sick.

The Colleges of Surgeons of London and Dublin are again before the profession in just as disreputable a character as they have maintained for many years past. Connected with the latter institution we may remark, that some circumhave recently occurred, which render it necessary for us to advert again to the case of Mr. NUNN, with the particulars of which we made the profession acquainted on a former occasion. As the question, however, between Mr. NUNN and the Dublin College of Surgeons involves a principle in which many of the Licentiates of that body are deeply interested, we shall recapitulate it leading features as briefly as possible.

Mr. NUNN, a Licentiate of the College after the usual period of probation, wa regularly proposed to become a membe

And now, to bring this letter, already I fear too long, to a conclusion, however I may regret for his own sake, that a respectable gentleman, with whom my quarrel was not, should have been induced, by any influence, to affix his name to so inaccurate a letter, the tendency of which is plainly to palliate and cover a most unworthy transaction, I part from him with no wish but what his best friends might approve; and, anxious to return to more congenial pursuits, which but ill bear such interruptions, I shall not be easily induced, unless indeed my friends think it necessary, to take notice of anything which does not proceed from Mr. Harrison himself, the gentleman against whom, and whom alone, my charges were originally laid.

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"Royal College of Surgeons in London.—*Register of Students*

NAME.—(*John Pluckwell Pigeon*), of (*Goosegreen*), in the county of (*Robshire*).

AGE.—(*Nineteen*) years, on the (31*st*) day of (*February*) 1835.

Previous Studies.—Apprentice to, or studied under (*Mr. Benjamin Subordinate*), of (*Portugal Street*), in the county of (*Middlesex*), from (*February 30th*, 1830) to (*February 30th*), 1840.

Attendance on the Hospital (*of Wonders*), from (*September* 31*st*, 1833) to (*September* 31*st*, 1834).

Attendance on lectures on (*Recognised Chirurgical Rubbish*).

(*J. P. Pigeon, Nov.* 31*st*, 1834.)

Signature of Student, and Date of Registry."

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"*Quarterly Return*,—To the Royal College of Surgeons in London, of the Students attending the Course of Lectures on (*Gabblegabble*), delivered by Mr. (*Nibblefee*) at (*Certificate-square*), between the 1st day of 18 , and the 1st day of 18 ." (Ruled with similar columns to the above.)

We purposely abstain from entering on those questions which are suggested to the mind by an examination of these documents, and by a momentary reflection on the objects from which they have been promulgated. Time and space are both wanted to enable us to do justice on this occasion to such an important subject. We have, therefore, one request to make,—namely, that the medical students of this metropolis will refrain from acting on these documents,—will refrain from *registering themselves* under these odious instruments,—until they have an opportunity of perusing the next number of this journal.

It is only right that the powers of the Council to enforce such regulations should be ascertained by a reference to the charter under which they profess to exercise all their authorities. That reference shall be made, and it will then be seen whether the London College of Surgeons is invested with those prerogatives which will enable the Council to reduce all the teachers of surgery to a condition which will make their interests subservient to the caprices of a tyrannical body, and whether all the English students of medicine can be reduced to a state of dependence not far removed from that of the WEST INDIAN NEGRO APPRENTICES. It is not enough that students are to be robbed of their money, but by making all the BEADLES and DOORKEEPERS spies on their conduct they are now to be plundered of their time, by being compelled, on pain of being REPORTED, to pass those precious hours in hearing the jargon of the lecture-rooms, which ought to be devoted to a bed-side attendance on the sick.

The Colleges of Surgeons of London and Dublin are again before the profession in just as disreputable a character as they have maintained for many years past. Connected with the latter institution we may remark, that some circumhave recently occurred, which render it necessary for us to advert again to the case of Mr. NUNN, with the particulars of which we made the profession acquainted on a former occasion. As the question, however, between Mr. NUNN and the Dublin College of Surgeons involves a principle in which many of the Licentiates of that body are deeply interested, we shall recapitulate it leading features as briefly as possible.

Mr. NUNN, a Licentiate of the College after the usual period of probation, wa regularly proposed to become a membe

of that body, was balloted for, and, without any other grounds to justify the event than the malignity of a faction in that institution, was black-balled, or, in other words, was sent back into society branded with a mark of moral degradation. He had, however, we understand, a majority of the entire votes given on the occasion, though he was excluded, according to the present state of the law, by one-third of the votes being against him.

Out of these circumstances has arisen a doubt as to the legality of his exclusion, and of the right of the College to enact the law by which his rejection was effected. A statement of the case was, therefore, drawn up and submitted to counsel; who has declared that the alteration made in the by-laws of the College was illegal; that Mr. NUNN is duly elected, and has only to apply to the proper authority for a *mandamus* to compel the College to receive him as a member. This is the opinion and advice delivered by Mr. BLACKBURNE, the Irish attorney-general. Instead, however, of at once proceeding on his suggestions, and demanding Mr. NUNN's admission as a matter of right from the College, the parties who have taken the management of the business into their hands, have committed the gross mistake of submitting this opinion to the secretary of the College, who, together with his brother conspirators, are, we presume, busily engaged in getting up an opposite legal authority to baffle the ends of justice. They, we have little doubt, will readily obtain an opinion contrary to the one given by Mr. BLACKBURNE, and thus, at least for a while, will defend the illegality of their conduct. Some at least of this imprudence is attributable to Mr. NUNN himself, who has shown a disinclination to proceed in the matter. His course was direct and simple; he should at once have had the College convened by requisition, presented himself before it, and on the authority of Mr. BLACKBURNE, have demanded his admission as a member of that body; and if refused, apply for a *mandamus* to compel them to admit him. His conduct, indeed, and that of his advisers on this occasion, only add to the many instances which we have had to adduce of the vacillation and indecision of the opposition members of the College. If, in fact, they sought to defeat their own objects, they could not adopt a course better calculated for that purpose than that which they have thus pursued.

The opinion, however, has struck terror into Mr. CUSACK and his associates, and they are actively employed in devising means to protract the present state of things by litigation. But it is difficult to conceive how any respectable lawyer, with a fair brief of the case, and the charter of the College before him, can come to a conclusion opposed to Mr. BLACKBURNE's views of the question. It is quite clear that if the College, as that gentleman has remarked, had a right to alter the law from a majority of rejectors to one-third—from thirty say to twenty, the charter would also empower them to reduce the number to fifteen, ten, five,—in short, to one, and thus make the whole College the private property of the existing members of the institution. If Mr. CUSACK can procure a lawyer to assert this, then it will be quite unnecessary for him and Mr. COLLES to move at the next meeting for the conversion of the College into a council, the establishment in its present state being as convenient an instrument of injustice and corruption as they could possibly turn it into. If they could only promise themselves that they would survive the other members of the College, why they might, with the utmost propriety, call in an attorney, and bequeath the library, museum, lecture-rooms—in short, the whole pile of building in Stephen's Green—to their sons or other successors. If, indeed, they can justify Mr. NUNN's exclusion, they can also realize the hypothesis which we have here placed before them; and the College of Surgeons is but a name, a shadow, a mere nonentity, without substance or stability.

By any other body, the opinion of Mr. BLACKBURNE would have been seized as a lever of reform, and turned to proper account, but here we find it fall a *brutum fulmen* to the ground. The attorney-general might just as well have told the College to bear with patience and humility the insults and oppressions of Messrs. COLLES and CUSACK. They could not have acted

more in obedience to the faction than they have done, had they received such an advice. From Mr. NUNN nothing was to be expected, as he appears to be one of those pliant instruments which the cunning and corrupt among such bodies can always turn and twist into whatever form may suit their purpose. One, indeed, can scarcely help falling into the error of being pleased with the spectacle of his self-permitted degradation. He is but receiving that treatment which his pusillanimity in some measure warrants, and has certainly invited. Let him however take courage; when his assailants have sufficiently sated their vengeance on him for the trifling resistance which he has made to their usurpations, when they have dragged him through the mire of corporate corruption, and assimilated him to their own vicious nature, they will receive him with open arms, and celebrate his return to the fold in Kildare Street with appropriate rejoicings. They merely require proofs of his penitence—some signs of sorrow for having fallen into the crime of opposing their powers—some promises of contrition—to secure to him their entire forgiveness of his past offences. As soon as they have made these impressions on his sensitive and yielding mind, they will themselves relent and give the chastised neophyte a distinguished place in the conclave. They are indeed worthy of each other—NUNN and CUSACK!—CUSACK and NUNN!—Henceforth be they united and happy!

"Connubio jungam stabili, *propriumque* dicabo?"

UNDER its appropriate title an account will be found of some curious proceedings connected with the midwifery chair in *St. Bartholomew's Hospital*. The students, we are sure, have too much good sense to convert the theatre into a scene of riot and ungentlemanly strife, but they are perfectly justified, as St. Bartholomew's is a *public* foundation, in demanding, in a respectful manner, that the chair shall be occupied by an individual who is qualified for the execution of the duties which he undertakes to discharge as lecturer.

Dr. GEORGE GREGORY, whose name has frequently appeared in our pages with no very favourable mention, has found it convenient to resign the office of president in the *Westminster Medical Society*. Verily, GEORGE GREGORY is rewarded for his services in the *Journal of Macleod*. In resigning, this gentleman has followed the example of his pupils, who, we are told, have this season resigned his lectures on the practice of physic. Dr. GEORGE, therefore, has an opportunity of cementing more firmly than ever his former friendship with RODERICK. Possibly, however, he has had enough of bad company. Dr. ASHBURNER, too, is a MACLEOD'S man. What is to become of this hopeful party? Any increase of their sufferings and disasters will really increase our pity.

As plagiarisms are but too common in our profession, to the great injury of able and industrious authors and inventors, we regret that we cannot find space in our present Number for the letter and drawings sent to us by Mr. WEISS, explanatory of the attempt which has been made by a Mr. L'ESTRANGE, of Dublin, to foist on the profession a clumsy alteration of an instrument invented by Mr. WEISS, as an improved piece of inventive workmanship and skill. Having seen both instruments we feel no hesitation in declaring that the instrument of Mr. L'ESTRANGE is clumsy, heavy, and complicated, while that of Mr. WEISS is rendered really beautiful by its simplicity, lightness, and power.

THE contests which are now raging at *St. George's Hospital* are likely in their results to reflect no small portion of disgrace on some of the parties concerned. Sir B. BRODIE and his hangers-on are making every exertion to secure the success of the little baronet's nominee, and it

is presumed that this party will triumph, because it is well known that Mr. LANE, if the interests of the patients, the pupils, and the public, were to be considered, would be elected. This gentleman having been house-pupil to the hospital some years since, and having also established a school in which he has lectured on anatomy and surgery with success for some time past, the opposition which he encountered from Sir B. BRODIE can only be explained by giving Mr. LANE credit for the observance of an upright and manly line of conduct. Had he on all occasions consented to act as one of Sir BENJAMIN'S toadies, the office might have been created for Mr. LANE instead of Mr. CUTLER.

A correspondent asks why it is that BRODIE, SEYMOUR, and MACLEOD, are opposed to a school in which their colleague Dr. WILSON lectures. We cannot offer any other reply than by stating that it is possible that they look on Dr. WILSON with aversion, because he is known to be a man of independent mind, and a distinguished ornament of his profession, being not only a first-rate anatomist, but a splendid scholar, having succeeded in gaining double first-class honours in the University of Oxford. MACLEOD, BRODIE, and SEYMOUR, can entertain few sentiments in common with such a man.

THE month of October, the first month of the session, the fee-plucking month at our recognised hospitals, had not terminated by five days, when it was announced to the students belonging to the anatomy class of *Guy's Hospital*, that a Mr. COCK would be substituted for the gentleman who had been advertised in the prospectus to be the teacher of anatomy in that institution! Under these circumstances the pupils ought, one and all, to demand the return of their entrance-fees, or insist on the fulfilment of the engagements made with them by the lecturer at the commencement of the session. Some of the teachers, it seems, are resolved that all our statements regarding the treacherous announcements in the prospectuses should be fully verified before the *existing* classes of students. If, however, the young gentlemen attending *Guy's Hospital* have but a small portion of the manliness and resolution which have been exhibited on several occasions by the pupils of *St. Bartholomew's*, this Mr. COCK, whoever he may be, will be made to crow on some other dunghcap. Is this hopeful youth *another of the "neveys?"*

Memoirs of the Royal Academy of Medicine. Fasciculus I. 1833.

THE last fasciculus of the Royal Academy of Medicine, besides the eulogium on the late Baron PORTAL, presents us with only two memoirs, and those possess but a very moderate degree of interest. One of them is on *Angina Plastica* (the *angine diphtheritique* of M. BRETONNEAU), by M. BOURGEOIS. The other is a memoir on the *Ligature of the Tongue and Lingual Artery*, by M. MIRAULT.

EPIDEMIC ANGINA PLASTICA.

Cure with Hydrochloric Acid.—Singular Coating of all the Mucous Membranes with false Membrane.—Rupture of a Bronchial Tube.

The paper of M. BOURGEOIS contains a description of an epidemic of angina plastica (*croup*, when it attacks the larynx and trachea) which prevailed in an academy of young children at St. Denis during the year 1827:—

The angina, accompanied with the formation of a false membrane lining the amygdalæ, back of the fauces, larynx, and trachea, gave rise to the usual symptoms, intense fever, dyspnœa, suffocation, frequent hoarse or croupy cough, (according to the situation and extent of the false concretion,) somnolence, &c. It was at first attacked in the common manner, by leeches to the neck, emetics, and blisters; but these means failing, the cauterization

with hydrochloric acid, as recommended in the treatise of Bretonneau on the croup, was had recourse to. The six first children treated in this manner, were cured after from twelve to eighteen days illness; and of thirty other cases more or less severely attacked, the author only mentions two deaths, whence we presume that the remainder were cured. One of these latter deserves especial notice, as it shows how universally the disposition to the formation of a false membrane reigned throughout the whole mucous surfaces. A small, superficial ulceration, not larger than a pea, was observed on the side of the nose of a girl ten years of age; although the little patient enjoyed perfect health, yet, from the white membranous-looking appearance of its surface, she was immediately confined to the house; at first things went on well, but on the eighth day, the whole of the interior of the nares and mouth was covered with the false membrane. The lymphatic ganglia beneath the jaw were tumefied; the child was very feverish, and had a hoarse harsh cough. On the tenth day the patient complained of ardor urinæ and pain about the genital region, when the mucous surface of the vagina was found covered with a secretion similar to that in the mouth; the margin of the anus was also lined by the false membrane, which seemed to be prolonged into the rectum. The inside of the mouth &c. was touched with the acid, and after several days, during which her life was exposed to great danger from the fits of suffocation &c., the disease was mastered. The same phenomenon of the formation of a false membrane on the vagina and anus was observed in another patient ten years old attacked at the same time as the former.

Another case reported is remarkable from the occurrence of rupture of a bronchial tube during a violent fit of coughing. The sudden noise of the laceration, followed immediately by emphysema of the chest and upper part of the neck, left no doubt of this accident having happened, although the precise point which gave way could not be discovered after death. The epiglottis was found completely plugged up by the false membrane.

The academy at St. Denis, in which the epidemic of croup above mentioned prevailed, contains 500 pupils, from ten to eighteen years of age, educated at the expense of the French government. The disease continued during twelve months, and in that time fifty-seven children were attacked, of whom only five died. The observations and experiments of M. Bourgeois, made during the prevalence of the epidemic, fully confirm the views put forward by M. Bretonneau of Tours, and are conformable with the results obtained by M. Guersent at the *Hopital des Enfans Malades*.

The anatomical characteristic of the disease is the formation of a false membrane, in most cases closely adherent to the mucous surface. In several instances the tendency to this new formation was so great, that blistered surfaces were covered with it in one or two days after the removal of the blister. All the facts observed establish this important principle, that the disease is constantly propagated in an order of declivity, that is to say, from the mouth to the larynx, from the larynx to the trachea, from this latter to the bronchi &c., and many of the cases successfully treated, especially those of M. Bretonneau, show, that when the diseased tendency to the formation of the membrane in the back of the fauces is checked or destroyed by local means, the propagation to the larynx and bronchi (in which the danger principally consists) is prevented.

In some cases the larynx and trachea were the parts first attacked; and the disease subsequently extended to the bronchi, as was conjectured from the shape of the false membrane expectorated; this is the form of the disease which authors generally call croup; but in most instances the false membrane was first developed in the back of the fauces, and attacked the larynx between the third and seventh days. In an advanced stage the separation of altered portions of the false membrane, mixed with a bloody exhalation and a very fetid discharge, gave that appearance of gangrene which has imposed upon so many writers; but in no case was the mucous membrane found gangrenous, or even ulcerated.

Emetics were generally useful as a means of exciting the discharge of the false membrane, by which the cough and suffocation were always alleviated. Local blood-letting was constantly followed by an aggravation of the symptoms and death of the patient.

Cauterization, on the contrary, had in most cases the effect of bounding the disease to the throat, and thus ensuring the safety of the patient. The hydrochloric acid, such as it is found in commerce, was applied by means of a bit of sponge fixed on a conductor of whalebone, once, twice, or three times a-day, according to the severity of the affection, and to this means M. Bourgeois attributes the comparatively few number of deaths. In several of the most severe cases, calomel to the extent of twenty or thirty grains per day was tried without any benefit, or appreciable modification of the disease.

NEW MODE OF LIGATURE OF THE TONGUE IN CANCER.

The second memoir contains an account of a new process for the ligature of the tongue in a case of cancer, successfully employed by M. MIRAULT. We omit the previous treatment, and pass to the operation, which he considers as new.

The tumour occupied the two anterior thirds of the tongue; M. MIRAULT determined to tie both lingual arteries, and extirpate the diseased portion. He therefore proceeded to expose the left lingual artery, but was unable to find the vessel; on the next day he took up the right lingual with some difficulty, and waited to see the effects of this operation on the tumour. The cancerous vegetations on that side decreased, and in fifteen days were completely withered and broken down. However, secondary hemorrhage came on, and it was thought necessary to apply a ligature round the tongue, which was done in the following manner:—An incision was made along the median line, between the genio-hyoid muscles, from the chin to the os hyoides; this divided the skin, the cellular substance, a raphe of the mylo-hyoid muscles. The tongue was now forcibly drawn out of the mouth, and a curved needle, armed with a ligature, passed up through the incision and base of the tongue at the median line; the needle was brought out of the mouth and again passed, just in front of the velum palati, into the left side of the tongue, whence it was brought out at the neck. Thus the left half of the tongue was comprised in a ligature the ends of which hung out at the wound in the neck, where they were tightened by a serre-nœud. After nine days the ligature came away, leaving half the base of the tongue completely separated. The tumour now diminished considerably; the bad smell disappeared, and M. MIRAULT proceeded to apply a ligature round the remaining portion. This was done, but as the ligature became tightened the parts first divided by the thread united by first intention; however, the tumour began from this time to diminish, and after 27 days there remained nothing in the tongue but a hardened point, not larger than a small nut. The cure was complete.

M. MIRAULT regards this as a case of cancer cured by absorption; but when his paper was discussed before the Royal Academy, M. ROUX gave some good reasons for a contrary opinion. The method of operating proposed by M. MIRAULT is very easily executed, and permits the extirpation of the tongue much farther back than any other.

Archives Générales de Médicine, Sept. 1834.

THE Archives for this month contain the following original articles:—1st. On the treatment of erectile tumours, and particularly their treatment by caustic, by CLAUDIUS TARRAL. 2nd. Observation of a case of rupture of the diaphragm, with some medico-legal remarks. 3rd. Considerations on some mistakes liable to be made in the diagnosis of hernia, by M. MONDIERE. 4th. On the employment of purgatives in acute and chronic diseases (observations collected in the clinique of M. ANDRAL), by M. SIMON.

TREATMENT OF ERECTILE TUMOURS.

No. 1 is an excellent *resumé* of the present state of our knowledge on erectile tumours, by M. FARRAL, a young Englishman, who has already written some good papers in the *Archives* on different points of surgery. M. FARRAL shows that Baron DUPUYTREN erroneously attributes to himself the first description of erectile tumours, as the tissue composing this morbid production was noticed by PETIT, and fully described by JOHN BELL, in his surgical works. He also corrects some errors into which M. VELPEAU has fallen in his late work on operative medicine, and describes the several processes employed for the cure of the disease, with their results. The question of the treatment by caustic is deferred to the next number, when we shall take an opportunity of noticing the whole article more at length.

RUPTURE OF THE DIAPHRAGM.

No. 2 contains a case of rupture of the diaphragm, followed by death, which gives rise to several interesting questions in legal medicine.

Three men, half drunk, quarrelled, and beat one another, while returning from a fair. Two of them were very slightly injured; the third, J. V., who accompanied them to the physician's house, sat down, and after some time retired without saying a word; this was attributed to drunkenness. The three men had still two miles and a half to walk before reaching home. Mid-way J.V. fell suddenly down, and next morning presented the symptoms of apoplexy; he was bled &c., but died the same day. The body was examined with a view to a medico-legal inquiry.

The clothes were a little wet and dirty behind, not torn. During the examina-

tion, the surgeon heard that J. V. had been struck on the head, he therefore carefully examined the external surface of the scalp, but found no wound, bruise, &c.; however, there existed an extensive depressed fracture of the left parietal bone, with effusion of blood, causing separation of the dura mater to the extent of five inches.

There was no mark of contusion on the abdomen; however, the left side of the diaphragm was largely lacerated, and had given passage to the bulging end of the stomach, into the cavity of the chest; the laceration was quite recent, and unadherent to the edges of the stomach; there was no effusion in the abdomen. The portion of the stomach contained in the thorax was lacerated, and the contents of the organ effused into the cavity of the chest; this laceration occupied the upper surface of the bulging extremity of the stomach; its edges were unequal, red, fringed, and when compressed, the vessels gave issue to a little blood. The lower lobe of the lung was pushed up in the chest, and the part of the pleura in contact with the effused fluid was evidently inflamed; the capillaries were fully injected, and several portions of false membrane were already formed.

The *medico-legal questions* submitted to M. Davot on the case were,

1st. Was the man struck before, or after death?

Ans. The symptoms and appearances before and after death, leave no doubt but that the injuries were inflicted during life.

2nd. Were the lesions observed caused by a blow or a fall?

This latter question was of the highest importance to decide. M. Davot considers the cause to have been a blow. The man could not have fallen on the parietal bone in such a direction as to fracture the left parietal directly, and the right one secondarily, in the way exhibited by the subject.

The rupture of the stomach and diaphragm was probably produced by a violent blow of the knee. The accident could only be explained by a sudden external violence, pushing up the mass of the intestines. A fall sufficient to produce such a rupture would, in all probability, have been accompanied by some marks of external violence, and would, besides, have required the concurrence of conditions which are inadmissible.

3rd. Was the sieur J. V., when he presented himself at the house of Dr. Davot in the evening, already suffering under the effect of the lesions discovered after death?

This is a question by no means easy to resolve. M. Davot was of opinion that the fracture existed, but as to the possibility of the man's living in the state he presented himself, three or four hours after such an extensive laceration of the diaphragm and stomach, he declines giving a positive answer.

The silence of M. Davot is rendered of less consequence by the statements of M. Devergie, who reports eight cases of rupture of the diaphragm during life. In one case the laceration of the diaphragm was cicatrized round the stomach, which remained in the cavity of the chest; the man lived for six months, and died from quite another cause. However, none of the cases presented a similar conjunction of injury to the diaphragm and stomach together. M. Devergie thinks it was absolutely impossible for the man to have bled three hours, walking and speaking as he did, if the two capital accidents coexisted at the same time. From some experiments made by M. Davot, he is inclined to refer the rupture of the diaphragm and stomach to muscular action.

The paper of M. Simon is not yet finished. We shall notice the results of M. Andral's experiments by-and-by.

An Essay on Clinical Instruction. By E. Ch. A. Louis, M.D., Phys. to the Hosp. of La Pitié, Paris. Translated by Peter Martin, M.R.C.S. London, Highley, 1834. 8vo. pp. 33.

Physicians should apply to patients the same species of interrogation and examination, the same worming, insinuating, but resolute kind of questions for the ascertainment of the truth, as barristers direct to witnesses when giving evidence on trials. Such is the maxim which M. Louis especially endeavours to enforce in the first half of this essay, in the course of which he also shows the importance of applying, during the consultation, a knowledge of pathological facts to the detection of disease. The following passage illustrates his views on the latter point:—

"If, for example, we know at this day that after the age of fifteen years, whenever we find tubercles or gray semitransparent granulations in *any* organ, they exist at the same time, and in a still more advanced stage, *in the lungs*, it is to pathological anatomy that we owe this fact. For if we had contented ourselves

with examining in most cases the organs *primitively* and *principally* affected, evidently we could not have arrived at the knowledge of the law just mentioned, the importance of which cannot be doubted.

"It is in the same manner and by the same researches that we have learnt that ulcerations of the pharynx, the œsophagus and the small *intestines*, are peculiar to two affections (I except syphilis), the one acute (typhoid fever), the other chronic (phthisis); that ulcerations of the epiglottis, larynx, and trachea, are, with the exception already mentioned, *peculiar to phthisical cases*; that it is almost the same with fatty liver. And the importance of the laws announced by pathological anatomy is still greater than at the first glance we might suppose; for these laws may in some instances, *independently of the symptoms*, in their absence, and *even in opposition to their evidence*, lead us to a rigorous diagnosis. Thus chronic peritonitis (I mean that which is chronic at the commencement) is, in the adult, or, rather, after the age of fifteen years, according to all the facts which I have hitherto collected, *constantly* tubercular, or connected with the existence of gray semitransparent granulations developed upon the peritoneum. But, as I have previously mentioned, neither of these lesions exists in *any* organ, without appearing simultaneously *in the lungs*; so that if we have good evidence that chronic peritonitis exists, we may, independently of the symptoms derived from the respiratory organs, and even in their absence, announce the existence of a greater or less number of tubercles, or of gray semitransparent granulations, developed in the lungs. We may safely do so; for if observation should hereafter show any exception to this law, these exceptions will be rare, and will not affect the existence of the general law.

"I have more than once recognised and announced the existence of phthisis in cases which exhibited all the symptoms of chronic peritonitis, but in which auscultation and percussion did not indicate any appreciable lesion of the parenchyma of the lungs; and even in individuals who did not cough,—a diagnosis which some persons will call presumptuous, which, however, was not so, and which I could not have failed to make without denying the laws of the economy of disease, the science itself in fact; for of what does the science consist but of these laws?" p. 10.

The prognosis should occupy the mind of the clinical professors next to the diagnosis, and then "comes, naturally, the choice of the remedial measures." Is the physician here to act from his experience of facts, or according to a theory, or what the French term "a rational indication?" If therapeutics derive firmness and efficacy from theories (says M. Louis), why is medicine at present so uncertain a science, for theories are numerous as weeds? Empirical or certain treatment in some diseases, such as the antiphlogistic, the derivative, and the revulsive method, is too limited for the boundless symptoms of disorder. Theory and fact, then, must be united. We must resort to therapeutic facts where experience has supplied them, and act upon theory where it has not.

M. Louis regards clinical instruction to pupils in the large sense which it deserves. He does not discuss the advantages derivable from single lectures, but from *entire courses*. The facts assembled in them should be collected and collated according to *principles*. Yet, says the professor, adverting again to the subject, at page 29, and speaking of the "general tables" which would thus be produced, "this would make of clinical instruction a very laborious undertaking, for there would be every year a new and long task, in addition to the ordinary labours of the professor. But is this a reason for rejecting it, especially on the part of those who would have over their masters the advantage of being some years younger? This general *resumé* would not, however, supersede partial summaries. These ought, in some sort, to be made daily; that is to say, whenever the occasion presents itself, a clinical professor ought to compare with the more recent facts, those which have presented themselves previously in the same course; as well to fix the attention of his hearers, and to engrave the facts profoundly in their minds, as to accustom them to compare what admits of comparison, and to assist them to draw rigorous conclusions from facts. Finally, a clinical professor ought incessantly to recollect, that the end of his instruction is, more especially, to form observers; that the physician who knows how to observe, is necessarily a good practitioner."

He deplores greatly the want of exact

observation in medicine, and the little progress it makes in consequence. The science is not, he says, without men of talent amongst its cultivators; but notators of facts are lamentably few amongst them, and next to assemblers of facts, medicine especially needs arithmetical arrangers of them. We have a term employed here (*counting*) which, to English ears, is somewhat novel in its application. The argument deserves transference to our pages, and we have, therefore, made an analysis of it at page 204. It will be read with great interest. The *discussion* of the subject to which it relates is new in this country.

M. Louis concludes his essay with some excellent remarks on "medical *tact*," which certain persons are likely to say "the numerical method is unhappily calculated to extinguish." He shows, that although tact in diagnosis is not the quality of ignorant men, it cannot supply the want of data, and is only the exercise of a judgment founded on a knowledge of *facts*,—for the establishment of which "counting" is urged and defended.

"In fact," he remarks, "that physician who is most capable of perceiving, from the general appearance of a patient, from his emaciation, from the colour of his skin, &c. the species and degree of gravity of the affection under which he labours, has not better vision than another, who can draw no conclusions from this first examination. But the one knows with what lesion this or that habit of body corresponds; he compares, he exercises his judgment, he has information which the other wants: their senses are equally exact, but ignorance on the one hand, and knowledge on the other, form the contrast of the two parties."—p. 32.

We afford the translator, with pleasure, our warm commendation of the task he has executed. The essay, it will be seen by our extracts, is something more than a dissertation on clinical instruction.

The celebrated chemist BERZELIUS has had a very severe attack of the cholera. However, at the last meeting of the Academy of Sciences, M. ARAGO announced his convalescence.

A Compendium of Pharmacy, explanatory of the Chemical Decompositions of the Pharmacopœia Londinensis. Illustrated by comprehensive Diagrams. By WM. MEADE, M.R.C.S.L., and Private Teacher of Medicine and Surgery. London: Jackson, 1834. 12mo. pp. 147.

THIS is a work which will most probably obtain a considerable circulation amongst medical students, because in the present state of medical education it is well adapted to supply a desideratum in the stock of books which it is customary to use in preparing for examinations at the medical boards. The points most worthy of remark in recommending it to their notice, is the manner in which explanations are given of the changes that take place in the decompositions, and of the properties of the resulting compounds. The diagrams render the former exceedingly plain, and the text throughout is appropriately concise and lucid. The author does not lay claim to much novelty in any respect, but we may observe that where he has added toxicological notes or other matter derived from his own resources, as under the articles *Arsenic* and *Corrosive Sublimate*, and in the theory of the formation of *Sulphuric Acid*, he has evinced a knowledge of his subject, and competent powers of reasoning. The table of "Incompatibles" will prove generally useful. In fact, we may say of the whole volume that it is calculated to prove very serviceable to the practitioner as well as the student, as a text-book.

DECEASE OF THE NEW SOCIETY OF FOREIGN PHYSICIANS, PARIS.

(*From our Paris Correspondent.*)

IN a late communication you were made acquainted with the formation of a society entitled "The Society of Foreign Physicians," the object of which was to assemble weekly the representatives in medicine of the various parts of Europe, to discuss scientific matters, to compare the methods of treatment, theories, &c., prevalent in each country, and particularly to form a means of affording useful information to medical foreigners recently

arrived in the French capital. The first idea of this association was suggested, I believe, by some young English physicians. Indeed the association was calculated to confer the greatest benefit on the English who arrive here, often without an acquaintance, ignorant of the language, and having no one to whom they can apply for information on professional matters. Such was their object, and the society seemed in a flourishing condition, when it was suddenly seized with a fit of mental alienation, and committed suicide at ten o'clock on Saturday last, the 22nd instant. It, therefore, remains for me to give you a brief account of this melancholy affair; and in order to enable you to form your own opinion, I send you the three inclosed pamphlets, praying you to regard two of them as examples of the devoted manner in which some generous spirits are ready to sacrifice themselves for their friends, and to employ the remaining one for any purpose worthy of its style (I had almost said its author), for I venture to think that you will agree with me in saying, "that of all the dirty things that ever came out of the *Venereal Hospital*, the answer of M. Philip Ricord is unquestionably the dirtiest.

I hasten to give you the result of the inquest. At a meeting of the committee appointed to deliberate on the rules of the society (to which meeting Dr. Alexander Thomson had been invited) M. Ricord permitted himself to observe, that if he had known that M. Vernais (the *interne* of M. Andral at *La Pitié*) formed part of the society, he would never have belonged to it, as M. Vernais was a coward, an infamous ruffian, and worse than a galley-slave. Here I may remark, that MM. Ricord and Vernais have both formed part of the *Anatomical Society* for several months past, and even dined there together a few days before the formation of the new society. Dr. Thomson, who is a particular friend of Vernais, checked these expressions of M. Ricord, and thought it his duty to demand an explanation from M. Vernais the next day. The result was a message from M. Vernais to M. Ricord, which the latter refused absolutely, alleging as an excuse, that M. Vernais had not satisfactorily terminated a boxing-match, which he had with another gentleman, at the hospital, some fifteen months before, and offering to prove the truth of his first accusations; the latter alternative was accepted by Dr. Thomson, and after a long investigation, Dr. Thomson could discover no stain whatever on the character of his friend Vernais. Hence a new defiance on the part of the latter to M. Ricord, a new refusal to give satisfaction, and, as a natural consequence, publication of the circumstances. You will smile at seeing M. Ricord charge Dr. Thomson with joining the society merely for the purpose of speculating on its funds (speculating on funds which merely consisted in the sum resulting from tenpence paid by each member on entering!), and adducing, as his sole proof of this charitable insinuation, "the expression of Thomson's countenance." Those who know the rank and position of Dr. A. T. Thomson will not think it probable that he has left his son in such a condition here, that he was compelled to beg M. Ricord's articles, in order "to gain a *little* money, by their translation, as M. Ricord asserts was the case. You will perceive various other specimens of M. Ricord's politeness and veracity, which I need not point out to you. Permit me only to mention, that in two of the letters, from an *interne* of the *Hôtel Dieu*, and from a young physician, member of the society, M. Ricord, in his pamphlet, has substituted the words "libelle and le nommé Thomson," for "letter and Dr. Thomson," as written by those gentlemen. Ill-natured people might hence conclude, that M. Ricord wished thus to excite a quarrel between people not concerned in his affair, and thus get rid of his opponents somewhat in the way the good King David would have disposed of Uriah's husband. But the good sense of the several parties has hitherto prevented the accomplishment of this design, if it existed.

All these events, which are familiar as household words in the mouth of every medical man in Paris, took place last week. The friends of Dr. Thomson were determined to bring the affair (that is, the charge of his making the society a subject of speculation) before the society, at its meeting of Wednesday last; but this was rendered unnecessary by the resignation of M. Ricord. Besides, when the question was stirred, the society decided that it had no connexion with the subject, and passed to the order of the day. Whether it was sorrow for the loss of M. Ricord, or whether it arose from other considerations, I cannot say; but certain it is, that after a grand battle, in most detestable French, between fifteen Germans and Italians, and twelve English and Irish, the latter party sustained a defeat. The victors ordered pipes, the conquered ordered punch, and in this amicable manner they committed suicide by asphyxia.

INTERCEPTED LETTERS.

[THE SALVATION OF THE EVIDENCE.]

"DEAR DR. SEYMOUR,—I most implicitly agree with you and our friends at *St. George's*, and lament exceedingly,—never indeed shall I cease regretting,—that the detestable MSS. of the Medical Committee have been saved from the general conflagration, and in this lamentation I am fully persuaded the Council of the College of Surgeons will cordially join us. The destruction of those exceedingly inconvenient documents would have been (at least for a time) the very salvation of both Colleges. However, we must make the best of what has happened, and I know that as far as depends on you, nothing will be left undone to put a good face on the matter. I have thought, however, that it would appear very becoming in me to write to Mr. Warburton (though I know nothing more of him than what I never wished to know), and congratulate him on the *merciful* escape of the minutes of evidence. This will have a good effect, as we must appear to court investigation, and to be filled with liberal sentiments. I should like to know if you could find out in some ingenious way how Mr. Warburton receives my congratulations. The letter to him will go by this day's post.

"Yours, faithfully,

"H. H.

"Oct. 18th, 1834."

"DEAR MR. WARBURTON,—No sooner did the tidings of the dreadful burning of our venerable Houses of Parliament reach my ear, than I instantly used every possible means to ascertain the fate of those valuable documents which, by your indefatigable industry and benevolent disposition, are about to be the means of effecting a most beneficial and important Reform in the Medical Profession.

"Dr. Seymour, knowing how deeply I feel in these matters, very properly sent me *an express* to intimate that the whole of the evidence taken before the Committee was saved, for which I shall ever most humbly feel indebted to an all-wise and kind Providence.

"I cannot avoid congratulating you, my dear Sir, on this most fortunate event, and assuring you with what cordial satisfaction I, in common with all the Fellows of our College, look forward to that day when your humane wishes for the salvation of a fallen Profession will, by your unexampled exertions, be fully realized. I have the honour to subscribe myself,

"H. H.

"Oct. 18th, 1834.

"P.S. I cannot help adding my conviction that the *warmest* thanks of the profession are due to Dr. Somerville for his laudable exertions at the fire."

ST. BARTHOLOMEW'S HOSPITAL.

THE NEW LECTURER ON MIDWIFERY.

Circumstances demand that we should relate the following particulars relative to the Chair of Midwifery at St. Bartholomew's, which have occurred since the commencement of the present Session, and in which the students' interests are materially concerned.

On the resignation of the Obstetric Chair by Dr. CONQUEST, the vacant office was speedily filled by Dr. ASHBURNER (by purchase most probably,—a bad bargain for the incompetent successor of the incompetent predecessor, as the result will prove), and it was hoped by the other lecturers that something like quiet would be secured at the obstetric addresses of the new "professor," and that a great benefit would result from the change to the school by securing those students who usually wander for their lessons in midwifery to other schools. The latter expectation was verified to a certain extent; for several students relying on the judgment of the associate lecturers, paid their fees to the newly-elected officer. The former anticipation, however, has not been realized, the lecturer having been repeatedly subjected to annoyances exceeding even those of former seasons, and, as far as we can learn, the pupils are in some measure justified in their dissatisfaction. It is, we believe, the opinion of the majority, that Dr. ASHBURNER (however well fitted for the duties of a *practical* midwife) has by no means exhibited the qualifications of an instructor of youth. Objections are made to his hesitating manner and his singular phraseology, coupled with protestations against the singularity of his statements and views, and the bad taste and *mal-à-propos* mode in which quotations are made by him from Scripture. Such was the feeling created after the first few essays of Dr. ASHBURNER, and although the expression of it was by no means withheld by the class, we did not notice the circumstance, as we were disposed to wait in hope that an improvement would take place in the lectures, the defects having probably, as it seemed to us, originated in diffidence. This expectation, however, has not been realized, and the disapprobation of the students has in no way diminished. On the contrary, it has increased, and has done so in proportion

to the lecturer's apparent heedlessness of it. The mode of its expression may not deserve approbation, but students have hardly any other remedy, as so little attention is paid generally to the expression of their grievances in any form, until the urgency of the remonstrants renders reform an unavoidable concession.

However, the bursts of laughter, the slamming of doors, and the other noises which constantly interrupted the thread of the midwifery lectures, at length excited the direct notice of Dr. ASHBURNER, and on Thursday night, after descanting on the "ungentlemanly conduct of some who were present," and on "the insults he had received at the Hospital," he informed the pupils that he had taken "legal advice" on the subject, and threatened to punish with the rigour of the law the authors of the disturbances. This address was followed by the abrupt departure of several of the class. On the next evening, at Mr. LAWRENCE's lecture, papers were found on the benches bearing this elegant inscription, "A flare-up to-morrow night at Dr. Ashburner's lecture. Bring your friend."

On Saturday morning the following paper was found in the reading-room:—

"*To the Men of Bartholomew's.*—Events have occurred which ought to arouse our spirit if any spirit we have. We have been threatened with the 'strong arm of the law' for daring to express our sentiments; and by whom? By a man who has insulted our understandings by asserting that '*The vagina is not lined by mucous membrane; that it is just as much, and no more a mucous membrane than that which lines the mouth, i. e., that it is not a mucous membrane!*!' who has insulted our feelings of common decency by coarse and impertinent references to Scripture, too gross to be repeated; who has insulted our common sense by the daring assertion, that certain parts of the human body have absolutely no use at all, *and that the very creation of such useless parts is a proof of the wisdom of the Creator!*!! and who has insulted our feelings of honour by declaring, '*that there was an organized opposition amongst us against a stranger whom we had neither seen nor heard;*' a flimsy and mean disguise for incapacity, which is instantly dissipated by a remembrance of the too generous and too confiding cordiality with which he was received by us. Shall we then tamely and servilely submit to be trampled on, or shall we not rather oppose *moral strength* to the *threat of brute force*, and use every *constitutional means* to reduce the tyrannical upstart to his proper senses?

"JUNIUS."

After the operations there was a meeting of the medical officers and lecturers of the Hospital in the library, the proceedings of which have not transpired, but a notice was posted in the afternoon, saying, that "Dr. Ashburner will not lecture this evening," and on Tuesday morning it was supplanted by the following intimation:—"Dr. Ashburner's lectures are postponed until further notice is given."

OPERATIONS.—We were happy to observe on Saturday that the area of the Theatre was almost entirely free from the crowd of persons mentioned in our two preceding Numbers. The only intrusion we noticed was that of a house-surgeon of last season, and a pupil who was not a dresser of the operator.

*** We are informed that the ex-house surgeon whose intrusion is alluded to, is a Mr. COPELAND. The pupils also complain that a Dr. PARDOE, who has lately been appointed to the office of "Superintendent of the Physician's post-mortem cases" (he has enough to do elsewhere), is another violator of the laws of the theatre. Some young gentleman of the name of SHEEP is the pupil who persists in exhibiting himself in the area. Would he like to hear the amphitheatre resound with "baas" and "bleats" at his expense at the next operation?

ACCIDENTAL VACCINATION.—A practitioner in the neighbourhood of St. Mary Axe, who was, a few days since, called to vaccinate a child, met with the following accident. At the moment he was about to perform the operation, the little patient, by a sudden struggle, drove the hand of the surgeon towards his face, and made the lancet slightly penetrate his nose. The vaccine matter in a short time took effect on the practitioner's frontispiece, and so covered it with the eruption, that he has been compelled to leave his practice for a time, and seek a clean face in the country.

CORRESPONDENTS.

The communications of *Philalethes* and *Mr. Wansborough* shall appear next week. Notices of the Birmingham and Manchester School are unavoidably postponed, as are notices of many other communications which we have received.

ERRATUM.—Dr. Sims, mentioned at page 137 of our last number, is a *Licentiate* of the Coll. of Phys. In the folio copy, and in THE LANCET edit. of the Medical Evidence, the same gentleman is designated as Dr. *James* Sims. It should have been Dr. John Sims.